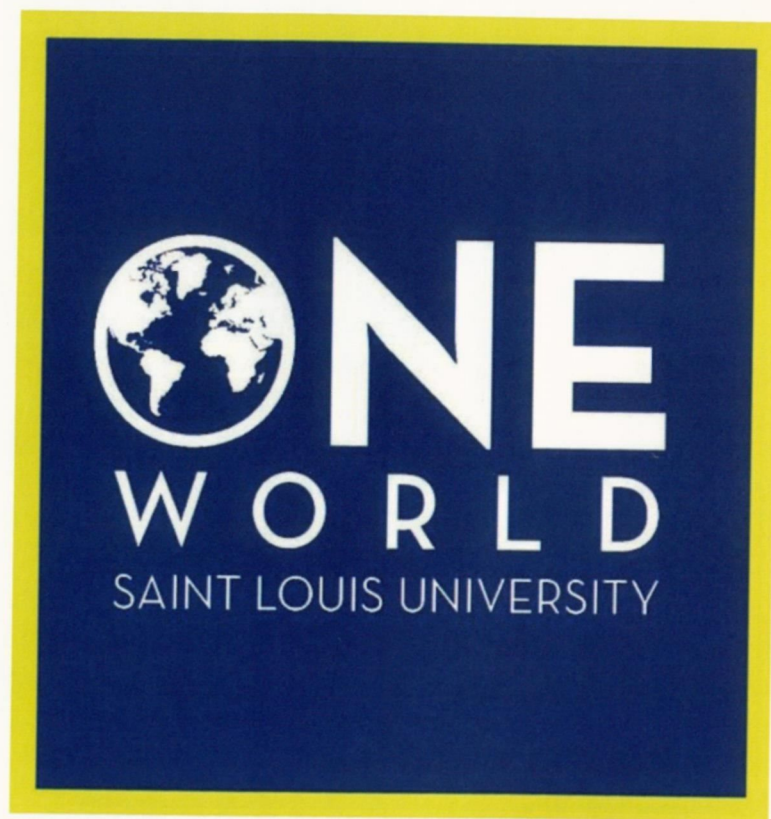


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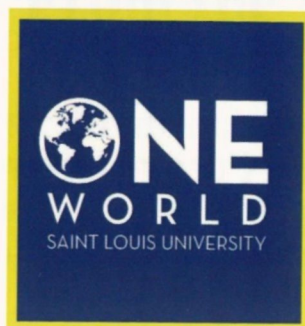
FALL 2023



HIDDEN IN PLAIN SIGHT



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One World Magazine

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Letter From the Editor:

As I write this letter, over 50 journalists have been killed while covering Israel's war on Gaza. More will have been lost by the time I sign my name. The overwhelming majority of these journalists were Palestinian. All died violently while upholding a legacy that cannot be bombed, gassed, or shot out of existence: truth.

This is the same legacy that you, Fall 2023 writers and designers, have taken on. I understand that we write under conditions vastly, heartbreakingly, different from those who are gone. This is why we must take care to pay attention to reporting coming from Gaza, and to recognize the imperative to uphold truth. It is an imperative that persists globally for all who write, and it is especially relevant to our semester theme, "Hidden in Plain Sight." The focus of this theme is issues that are lesser known. We seek to call out oppressive systems that may not be questioned due to their lack of coverage or lack of visibility. This has taken form in articles such as:

The Brutalization and Sexualization of Women in Horror

Democrats and DACA: How "Our Side" of the Aisle Spits in the Face of Immigrant Youth

Along With Colonization, the British Brought Their Queerphobia and Purity Culture

This has also taken the form of action held both on and off campus that center ongoing issues ignored by many. To name a few, these include accessibility issues that persist on college campuses; the ongoing violence towards our trans, especially Black and Latino, siblings; and the decades-long occupation of Palestine that has resulted in the current terror in Gaza, with over 20,000 murdered. Many of the writers and designers I have had the privilege of working with have been involved in these events. They continue to remind us that social justice is more than the pen—it is also the sword wielded by those who take to the streets and shut things down—though they often work in tandem.

One World Magazine is more than a magazine. It is a platform for the voices of those who care fervently about past, current, and future events, and who have both the talent and courage to speak up. When such a platform exists, we have a duty to use it, especially when so many before us have been killed for similar actions. There is power in our collective bodies, and we have much work to do on SLU's campus and beyond.

To my writers and designers, you have worked to make this platform tangible once more. Thank you for your effort. Thank you for your passion. Above all, thank you for your truth.

Much love to Bisan,

Birch Fabregas
Editor-in-Chief, Fall 2023 - Spring 2024

A GREAT PATRIOT AND A GREAT COMMUNIST

BY ALFREDO MACLAUGHLIN

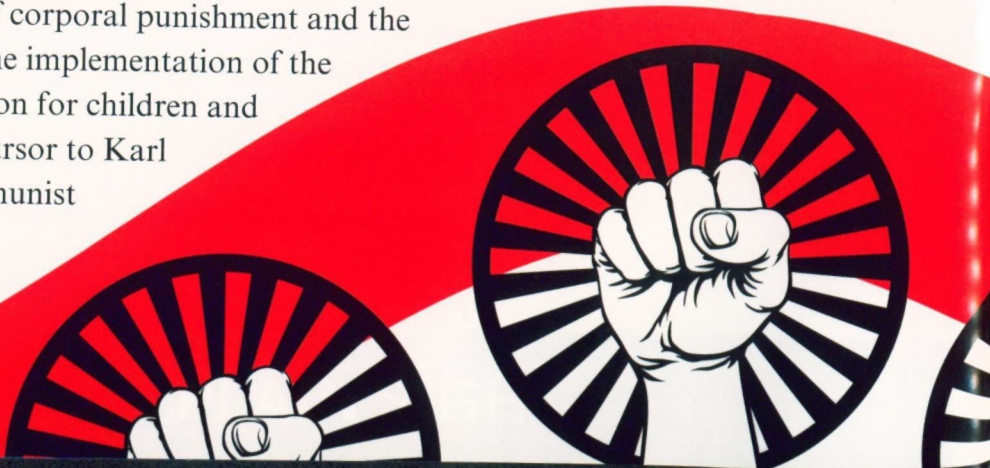
While studying abroad in Scotland in the small town of Paisley, I came across a small monument, a simple cairn of bricks with a plaque dedicated to a man named Willie Gallacher. The inscription described him as "A Great Scotsman and a Great Patriot, a Great Internationalist and a Great Communist." I was surprised. A public monument that openly praised someone for being a communist would never be built in the United States, and you would certainly never find someone in the U.S. being praised as both a patriot and a communist in the same sentence.

I decided to look into the man who inspired such praise. Gallacher was an influential member in the Communist Labour Party of Scotland and the Communist Party of Great Britain, and was the last communist to serve as a member of parliament. In his work as a trade unionist and labor activist, he was instrumental in limiting the work week to 40 hours, as reported by Scottish news network, the National. Scotland is by no means a communist country, but evidently the conversation surrounding communism was quite different than in the U.S., one with less fear and hushed tones. The Scottish people and society in general treat their workers more justly and with greater appreciation. The capitalist system present in the U.S. is a product of decades of fear surrounding communism and the idea that incremental improvements in workers' rights could lead to the downfall of democracy. As evidenced by the Scottish, there are ways to embrace social welfare and labor unions without sliding into the dictatorships with which they are commonly associated. The system under which we live can be improved.

Scotland's embrace of communist measures begins with their celebration of workers and labor activism around the country. There is a Communist Society student organization at the university I attended. One can visit the People's Palace in Glasgow, a museum which traces the city's social history and boasts of their trade union banner exhibit.

The preserved New Lanark World Heritage Site in Lanarkshire showcases for visitors the history and way of life of the residents of the New Lanark mill town. Robert Owens, namesake for Owenism, a school of utopian socialist philosophy, purchased the mill town in 1799 and introduced a number of social, educational and labor reforms to New Lanark. These included measures that were revolutionary for their time, such as the abolition of corporal punishment and the employment of orphans in the mill, the implementation of the eight-hour workday, and free education for children and adults. Owens' ideas served as a precursor to Karl Marx and Friedrich Engels of "Communist Manifesto" fame.

In Paisley itself lie the Sma' Shot cottages, an 18th century weaver's cottage that became the



birthplace of a movement. The sma'shot refers to a thin thread weaved through shawls that, though necessary for the garment's integrity and capable of constituting up to 40% of its total thread, was intended to be invisible in the final product. As a result, the weavers' employers refused to pay them for it, forcing them to purchase it out of their own pockets. The weavers organized and protested, and eventually the manufacturers agreed to pay them for the sma'shot. Many people see the sma'shot as representative of the workers themselves: unseen, but integral.

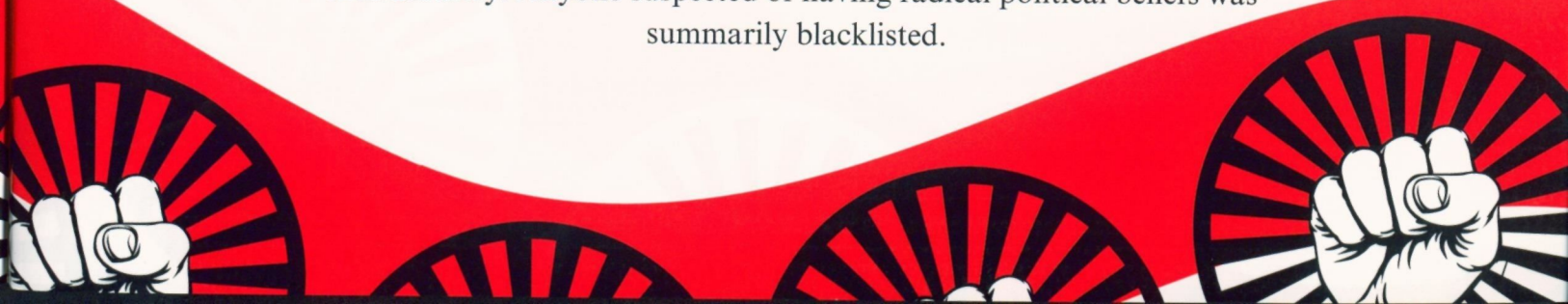
The dedication to workers' rights continues to this day. During my time in Scotland, there was an ongoing strike among professors across the country. All around Paisley were posters declaring "Paisley Backs the Strike!" The strike extended to schools, railway workers, civil servants, firefighters and the Scottish National Health Service, according to the BBC.

Employment law in Scotland and the U.K. is generally more favorable towards employees compared to the U.S. The U.S. has no national mandatory paid leave policy, and only nine states have paid leave programs as of the writing of this article. The U.K., on the other hand, has a mandatory policy of up to 39 weeks of paid maternal leave and shared leave, as reported by the WORLD Policy Analysis Center. The U.K. also requires sick pay for up to 28 weeks, while the U.S. has no federal requirements for sick pay.

In the U.S., employees are generally subject to "at-will" termination, which allows employers to terminate them without liability or cause, while employment in the U.K. is protected from unlawful termination through detailed contracts. Additionally, workers in the U.K. are largely on NHS healthcare and do not have to rely on employers for health insurance. This makes them less vulnerable to exploitation as they do not have to worry about losing their health insurance if they wish to seek more favorable working conditions.

The support for such anticapitalist sentiment would be met with much greater resistance and skepticism in the United States. This is largely due to perceptions of communism based in history. The U.S. has experienced periods of hysteria related to communism known as Red Scares. The first Red Scare followed WWI, during the Russian Revolution. With the Bolsheviks in power in Russia and an increase in labor strikes in the U.S., suspicion of foreign influences threatening the American public abounded, and was inflamed by sensational press coverage. This culminated in the Red Summer of 1919, when the public associated these influences with Black civil rights movements and a series of race riots broke out across major cities, as reported by Time. This can be seen as the origins of associating communism, labor unions, workers' rights and civil rights movements with threats to democracy and the American way of life.

The Red Scare reappeared during the Cold War. Following WWII, the threat, both real and imagined, of USSR spies infiltrating U.S. institutions led to policies such as the investigation of government employees to ascertain their political standings. The House Un-American Activities Committee was dedicated to exposing communist activity or sympathy, primarily in the government and film industry. Anyone suspected of having radical political beliefs was summarily blacklisted.



Then-Senator Joseph McCarthy became the symbol of anticommunist efforts in the U.S. McCarthy rose to prominence by stoking fears of communist infiltration in U.S. institutions. When he became chairman of the Committee of Government Operations, he used its investigations subcommittee to question countless people suspected of having communist affiliations across various governmental departments. Although no cases ended in convictions, his interrogations and showmanship resulted in many suspects losing their jobs or suffering condemnation from the public, and discouraged others from engaging in activities or expressing opinions that could be seen as sympathetic to communism, such as support for labor reforms.

The U.S. was involved in various different manners of conflict with the USSR and the Eastern Bloc across the world. Although it was purportedly in service of defending democracy, in many cases, they participated in the overthrow of democratically elected socialist leaders and replaced them with totalitarian dictators who were sympathetic to the U.S. The U.K., and by extension Scotland, was primarily involved solely because of their association with the U.S. and their presence in Germany following its division among the winning powers in WWII. As such, for the Scottish, communism is not nearly as strongly linked to Russia and China and the associated communist dictatorships in said countries as it is in the U.S. The U.S. was at war with communism in a way that Scotland never was. Whereas, in the United States communism is seen as antithetical to democracy, in Scotland it is seen as only antithetical to capitalism.

Because of this difference in historical association, communism in Scotland is viewed independently as an economic system, while in the United States it is inextricably tied to totalitarian dictatorships and foreign influences that threaten American culture. Today, alarm bells are still rung at the mention of communism and unionization, often by those who benefit from the exploitation of workers. Corporations fill workspaces with anti-union posters, send anti-union text messages to workers' phones, and hold anti-union "captive audience" meetings depicting union organizers as threatening at worst and unhelpful at best, as reported by the Economic Policy Institute. While terminating employees for union membership is illegal, the consequences are minimal for employers. According to Forbes, the U.S. has historically had low union membership compared to other developed countries, and the number has been in decline for decades, as a result of both the Red Scare and union-busting tactics from major corporations.

Workers in the U.S. across industries are struggling under unfair and exploitative conditions. This is not a necessary evil of democracy. There is a better system than the one we've been born in, and it is not, despite what some may say, the first step to authoritarianism. The Richard L. Trumka Protecting the Right to Organize Act of 2023, or PRO Act, was introduced jointly in the House of Representatives as H.R. 20, where it has been referred to the Committee on Education and the Workforce, and the Senate as S.567, where it has passed committee and is awaiting a chamber vote. If this bill were to pass, it would expand protections for workers, empower collective bargaining agreements and restrict union-busting activities, such as captive audience meetings. Badgering elected



officials with calls and emails to inform them of your support of the bill can go a long way. Change in this direction, somewhat unsurprisingly, comes from collective action.

Support striking workers.

Do not cross the picket line.

**Engage with communist
organizations.**

Know your own rights.

Unionize.



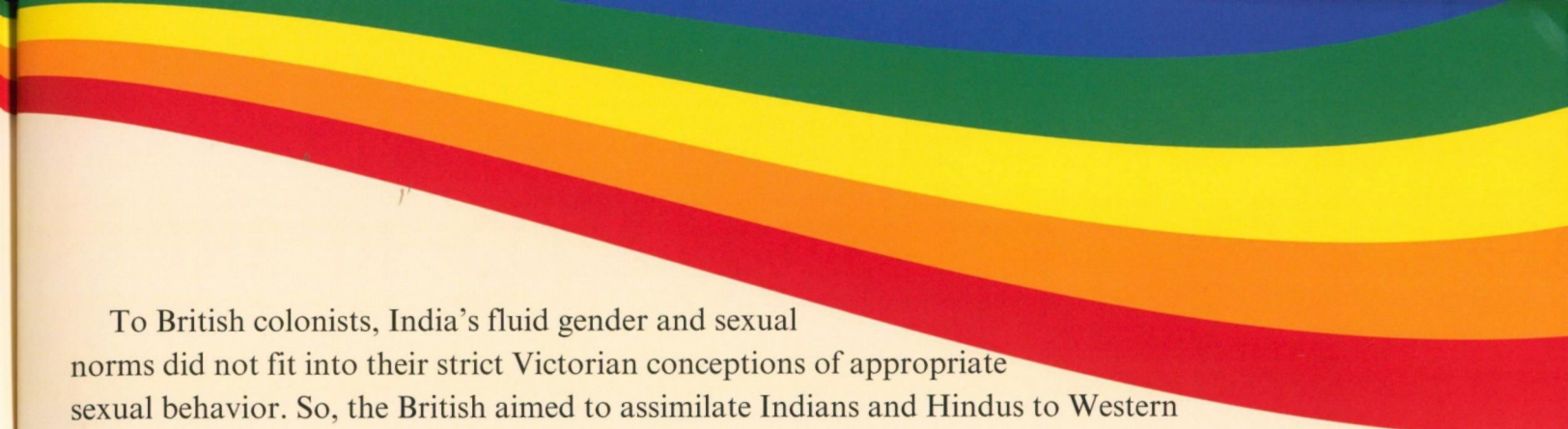
Along With Colonization, the British Brought Their Queerphobia and Purity Culture

By Sara Parikh

In May 2020, 21-year-old Anjana Hareesh died by suicide. Prior to this, she had posted on social media that her parents had forcibly sent her to “conversion therapy,” where she was pumped with strong medications with negative side effects. In India, acting out of the norm is met with shame, as “log kya kahenge” (what will people say) is at the forefront of every parent’s mind. Among the older Indian generation, toxic purity culture and homophobia run strong. This, however, was not an Indian ideal, but rather a British colonial import. Along with oppression and violence, the British brought the criminalization of sexuality in an attempt to “modernize” India.

Anjana is not the only Indian to battle family expectations and social pressures to simply live an authentic life. This is the story of many queer individuals in India who are victims of verbal and emotional violence. In India, family is everything, so marriage is a big part of life. With this, the most common thing seen in counseling is families wanting their gay sons to get married to a woman, found Anjali Gopalan, executive director of Naz Foundation India—a non-profit offering counseling services for the LGBTQ community. So, to Gopalan, the first issue is acceptance from the family and then, by extension, society. Under India’s former Section 377 penal code, persons who committed sodomy or other homosexual acts could be punished with life in prison. This made gay sex, marriage, etc. illegal. It was not until 2018 that India’s right-winged party repealed Section 377, decriminalizing homosexuality.

While Section 377 may be associated with India, it was a British import and fueled by a discriminatory, colonialist mindset. According to the University of Maryland’s professor of Gender and Women’s studies, Amy Bhatt, many gender researchers who study India “argue that India’s religious and cultural heritage has long been more accommodating to multiple gender and sexual expressions than Western societies.” For example, Hijras, also known as the “third gender,” were known for their ability to bestow blessings. However, the British imposed Victorian morality deemed gender and sexual expression as aberrant, thus villainizing and ostracizing the Hijra community. Today, the Hijra community still faces disproportionate discrimination, and remains a vulnerable population, found Phillip Baumgart and Shariq Farooqi from the Atlantic Council. It is well known that the Hindu religion embraces a range of thinking on gender and sexuality, but modern Hindus tend to forget this. Gender and sexual fluidity have long been in our traditions, but we are now ashamed of this. This mindset shift was implanted by Anglo-Saxon ideas.



To British colonists, India's fluid gender and sexual norms did not fit into their strict Victorian conceptions of appropriate sexual behavior. So, the British aimed to assimilate Indians and Hindus to Western and Judeo-Christian values by restricting what was outside their norms. This was not unique to India, as the British imposed laws prohibiting "unnatural" sex across the world through imperialization. From the Human Rights Watch, more than 80 countries still criminalize consensual homosexual conduct. Over half of the countries with these laws only have them because they were British colonies. Though influential, these attitudes were neither universal nor timeless. They were mere products of minds that were deeply influenced by the Christian idea that "sex is sin", found BBC's Vikas Pandey.

This ideal also brought a prominent purity culture and sexualization of women. Before the colonization of India, Hinduism (the predominant religion in India) was sexually liberated. From psychiatry specialists Kaustav Chakraborty and Rajarshi Guha Thakurata, India played a significant role in the history of sex, from writing the first literature that treated sexual intercourse as a science to pioneering the use of sexual education through art and literature. Sex was seen as a central and natural component of one's psyche. Upon the arrival of the colonial era, Victorian values stigmatized Indian sexual liberalism. India's liberal attitudes were condemned as "barbaric" and proof of the inferiority of the East. So, organizations worked to "reform" Indian private and public life by adopting a puritanical attitude to sex even within marriage and the home, found Chakraborty and Thakurata. Now, a strict purity culture, used to control and demean women, consumes India.

Similar attitudes also restricted Indian women's apparel. Prior to the British Raj, Indian women were not obligated to cover their torsos or wear a blouse under their saris. This changed when a woman, Jnanadanandini Debi, was refused entry to a club run by the British because her breasts were covered only by a sari, not a blouse as British women wore. The British felt that this exposure of skin would lead to promiscuity. And, the British "wanted to protect innocent British soldiers from the 'exotic, mystical Orient,'" found BBC's Tessa Wong. So, in response, the British brought the blouse to the sari, along with additional ideas of European propriety, found Huffpost's Miniya Chatterji.

In India, where some decide to define the integrity of people by their compliance with tradition, stories of our origins before the British show us just how misguided notions of tradition and culture can be. Some Indians believe that the decriminalization of Section 377 was a poor decision as it attempts to "Westernize" India, but it does the exact opposite, it decolonizes India. This is

COMMUNICATING HATE

THE DE-CODING OF DOG WHISTLES

BY CHARLOTTE GREGG

How can you communicate something without actually saying it? You have something to say but don't want it to be heard by everyone. It's just a signal for those who are in on the message to hear it. For those on the alt-right, there are ways for them to communicate ideas that are unacceptable in mainstream society that they can not be said. They use what is known as a dog whistle. Similar to the whistle that creates a frequency that only dogs can hear, a political dog whistle creates a message that is only perceptible to those in a certain group.

A dog whistle is a coded message that has a commonly understood meaning to a particular group of people that is not understood by those outside the group. They are used to communicate ideas that are outside of the mainstream, often racist or antisemitic ideas that can not be talked about outright. According to José Ramón Torices, a postdoc at the University of Granada who researches the philosophy of language and epistemology and has written several articles about dog whistles, there are two types of dog whistles: overt and covert. The first type, overt dog whistles, have at least two possible interpretations in the message that they send to the audience. Of the multiple possible interpretations, one of them is controversial or inflammatory, but it has been coded in such a way that only the target audience recognizes it. Covert dog whistles, on the other hand, evoke preexisting attitudes of the audience through the use of certain expressions without the audience being aware of it. This type of dog whistle is most effective when it goes unnoticed by the audience.

Knowing some of the characteristics of a dog whistle allows for a more full understanding of what a dog whistle is and how to identify them. Linguist Kimberly Witten outlines several criteria for a dog whistle. First, a dog whistle must be an intentional act; there must be a purpose for constructing and sending a coded message. The audience is also an important aspect in the creation of a dog whistle. There is a general audience that hears the coded message and then there is a subset of the audience that understands the coded message. For a dog whistle to work, it must capitalize on the variation in the common ground of the audience, and it must be coded to a degree that it is then not recognizable to the general audience that is receiving it. There also has to be a reason that the message needs to be coded. In the creation of an effective dog whistle, the coded message must sound coherent to a general audience and meet the needs and expectations of the people who it is intended to be heard by. In total, the message needs to be designed and given in such a way that it elicits the same response from different receivers. The key things to understand about dog whistles are that they are meant to communicate ideas that can not be spoken about outright, and also serve to signal shared beliefs to others who are in on what the dog whistle means.

In July of 2023, Robert F. Kennedy Jr., an Independent and conspiracy theorist, tweeted: "Typical turnaround time for pro forma protection requests from presidential candidates is 14-day. After 88-days of no response and after several follow-ups by our campaign, the Biden Administration just denied our request." (@RobertKennedyJr; July 28, 2023). Not only is the information stated in this tweet incorrect, but it also contains a known white-supremacist dog whistle: "1488." The number 14 is a reference to the

14 words, a popular white-supremacist saying that reads “we must secure the existence of our people and a future for white children.” The “88” in this dog whistle stands for “Heil Hitler” as H is the eighth letter of the alphabet. This illustrates an example of an overt dog whistle in that if you are unaware of the dog whistle, then you would not recognize the numbers 14 and 88 as being other than numbers. But if you understand the dog whistle, then you are able to recognize the coded message. This is not to say that every time a person uses the number 14 or 88, they are a white-supremacist, but it is one way that white-supremacists signal their ideologies to one another.

Another example of an overt dog whistle is the use of triple parentheses or (((echo))), which are a symbol used by neo-Nazis and anti-semites. They put them around a name in order to indicate that a person is Jewish. This dog whistle gained popularity in 2016 and continues to be used. Reverse parentheses “))) (((“ are also sometimes used by white supremacists to indicate that they are not Jewish. The (((echo))) is used in online spaces such as being put around screen names. What really brought the (((echo))) to attention in the mainstream was the Chrome browser extension, “Coincidence Detector” which was connected with a database of Jewish individuals and would automatically show the names listed in the database with the echo. Once media coverage was brought to this extension it was shut down by Google, however some continue to use this dog whistle.

Sometimes, the discussion of welfare and food stamps can be an example of a covert dog whistle. This is done by relying on underlying assumptions about African Americans. It connects welfare to African Americans and African Americans with laziness. As it is a covert dog whistle, this is done most successfully without the audience even realizing the connection consciously. Already existing racial attitudes are brought to the forefront. An example of this is often brought up in discussions of dog whistles is Republican and former Speaker of the House, Newt Gingrich and the “food stamp president.” When running for president in 2012, Gingrich called then-President Barack Obama “the most successful food stamp president in American history.” This draws on the idea of “welfare queens” used by former President Ronald Reagan. Gingrich does not explicitly mention race but this phrasing draws on associations that the audience already has with those who use food stamps and welfare.

Think of how the “inner city” is referred to and how it is discussed in politics or what is thought of when something or someone is described as “urban.”

Using the phrase “inner city” draws on the listeners' assumptions about who lives there and what they are like, with the assumption that people in the inner city are poor and Black. This covert dog whistle draws on stereotypes and existing racial attitudes to talk about a group of people without overtly sounding racist.

One reason that someone might use a dog whistle is that those who have the coded message are able to promote that message without others knowing about it, and therefore, avoid the scrutiny that comes from holding that viewpoint. According to Torices, dog whistles also allow for deniability. If a person is called out for using the dog whistle, they can reverse the accusation, turning it back on the person who is calling them out. Another reason that people use dog whistles is that an audience may not actually be able to calculate what the speaker is saying; their racist or white supremacist ideas slip under the radar.

Hidden messages make their way into our everyday lives, often without us even realizing it. Being aware of them is a powerful tool in recognizing the hateful ideologies of the people around us. Dog whistles also change. They have to. Once it becomes common knowledge that something is a dog whistle, it no longer is able to function as a secret code. Those who hold hateful ideologies then have to change the way that they signal to one another. Being aware of what a dog whistle is and having some examples can help to recognize other instances in the future as they continue to change. There is a reason that these ideas cannot be spoken about outright. Racist and white supremacist ideas are not socially acceptable to blatantly say and for good reason. Learning to recognize dog whistles allows for one to better understand what is happening around them, and recognize the hate that is hiding in plain sight. Being aware of dog whistles also allows for a person to call them out when they see them. A quote from the Washington Post says it perfectly: "When people criticize racist dog whistles, they're not just objecting to a specific coded speech act; they're calling out a system that makes such acts of coded power possible."

In a 2019 piece on the American Civil Liberties Union's website titled "Voting Is a Right That Shouldn't Be Taken Away," Bobby Hoffman states that it is well-known that individuals of color are disproportionately affected by felony disenfranchisement. Some of these laws were passed during the Jim Crow era in order to prevent minorities from voting. These laws or remnants of these laws still stand today, and people of color

BINARY BARRIERS: THE STRUGGLE AND SUFFERING OF GENDER-INCLUSIVE HOUSING

BY AVA WALKER

It's your first year of college. A whole new world has opened up to you as anxiety and excitement mix together to form the mood of move-in day. But all of that diminishes once you realize that the gender binary of collegiate housing is destroying your college experience. Despite your gender identity being clearly expressed, you find yourself stuck in the binary system. You're left with emotions of uncertainty, discomfort, and dysphoria. Collegiate housing has rendered you invisible.

College campuses consistently fail to provide gender-inclusive housing and facilities to their students. Instead, they continue to enforce the destructive gender binary that silences the voices of the genderqueer community.

Contrary to popular belief, this issue is not a new phenomenon. Housing, like most university experiences, has always been a struggle for students who don't fit into society's strict nomenclature. In a study conducted by Seelman in 2014, "19% [of transgender students] were denied access to gender-appropriate housing and 23.9% were denied access to bathrooms and locker-room facilities" (Yates). The next step for these students is to go and request accommodation, which is often difficult to get any information on. When they're finally able to make these requests for their basic needs, they are often met with faculty that is "in a reactionary rather than proactive position in providing adequate services" (Yates, 2014). Therefore, residence life is rarely a fun and exciting experience for Queer students. It becomes more about adapting to the circumstances that a binary world has outlined for you than about meeting new people and discovering yourself.

One Northwestern University student, Ezra Okeson, has gone public in regard to his struggle with university housing. First, he describes how there was no way to change his status as female in his university system. Northwestern University's housing form took Okeson's sex from the Common App; however, the Common App provides both sex and gender identity. Northwestern University had thus made the conscious choice to take Okeson's sex instead of his gender identity. Second, upon making a request to room with a male-identifying student, Okeson discovered at the start of the school year that he had been placed in a single room in a women's suite (Rice, 2018).

Such experiences are not uncommon or rare; they are present on an abundance of U.S. campuses, including Saint Louis University's. One SLU sophomore, Q, encountered a blatant display of homophobia that went without reparations. Q described how her roommate refused to sleep in the same room, going as far as to share with

the other suitemates to whom she made various homophobic comments. The roommate described to Q that she felt it was “unfair” that she had been “tricked,” since Q had not revealed her Queer status before room assignments. Eventually, Q went to file a bias incident report with the Office of Student Responsibility and Community Standards. She revealed that the director, John Janulis, was in charge of her report. However, despite submitting the report and attempting to have a multitude of conversations with Janulis, Q never received a response or a status update. In an effort to solve the situation, she attempted to share with others how she felt “uncomfortable” about not having “[her] own space.” In response, she was told that her less-than-accepting roommate was entitled to “her own beliefs,” insinuating that “because she had not called [Q] a slur, she had not actually done anything wrong.”

The less-than-welcoming experience Q had is one that many Queer and gender-nonconforming students have when it comes to university housing and its rigid binary barriers. They are often left to struggle and suffer in silence as their universities make minimal effort to accommodate them as individuals—despite what their pamphlets and websites may say.

The truth is that universities must go further than the mere notion and advertisement of gender-inclusivity. Gender-inclusive and LGBTQIA+ housing, while a necessity, must also be financially equitable for the student population. It is not uncommon for gender-inclusive housing at universities to be more costly than cisgender students’ housing costs. Shane Windmeyer, the executive director for Campus Pride, an organization that aims to create a safer college environment for Queer students, has pointed out the issue of this. Windmeyer describes that it is necessary “if a gender-inclusive housing option costs more than a similar living type, [for] the cost [to] be subsidized for individuals who are transgender or nonbinary who seek that accommodation” (Robledo, 2023). Transgender and genderqueer students shouldn’t be at a financial disadvantage for seeking appropriate housing for their own safety and comfort. Additionally, education and awareness are crucial factors at play when it comes to university staff being equipped to solve the complexities and struggles that genderqueer students face as they attempt to navigate a world full of binary barriers. University staff must look beyond the presence of possible discrimination and come face-to-face with the realities that Queer students face in their daily lives as they simply try to live and breathe. As Windmeyer highlights, “You can’t expect a student to get good grades, if they have to be fearful when they go to the residence hall [and of] where they live and sleep at night” (Robledo, 2023).

Gender-inclusive housing and support is more than just a checkmark on the diversity to-do list. It is, by every means, a necessity and a right for students so that they are able to experience higher-level education in a safe, welcoming environment. Such an experience should not be a privilege available only to some, but a right for all.

Bridging the Gap

By Shiv Goel



“I don’t care about the diploma, I care about the human doctor.” This is what I heard from a patient when working in a healthcare clinic for the uninsured. Why is it that patients yearn for the human-to-human interaction in healthcare when many treatments will likely occur through robots and artificial intelligence in the near future? Through my clinical experiences in a multitude of healthcare settings, I discovered that there is a key element to healing that only human physicians can offer. This is the trust and care that a physician imparts when interacting with a patient. This emotional connection is especially vital in primary care where the connection starts with verbal communication. The physician is the listener while the patient is the describer. This communication and connection simply cannot be achieved through the internet or A.I. Even though A.I. is accurate in pattern recognition to detect disease based on patient symptoms and robots are perfectly precise in cutting flesh and installing sutures compared to any human surgeon, they lack the communication and empathetic connection that human doctors provide. Communication between a patient and a physician is the basis of diagnoses, referrals, treatment plans, and eventual healing. Consequently, communication breakdowns are the number one cause of medical errors, which ultimately lead to worse patient outcomes. Language barriers and rushed patient-physician interactions are two obstacles that weaken the connection between healthcare providers and healthcare receivers. These impediments can be characterized by the social determinants of health which include patient income, culture, ethnicity, socioeconomic status, proximity or access to a primary care physician or specialized physician, and primary language. These social disparities between patients with resources and patients without access to those resources can greatly impact the quality of care patients receive and their healthcare outcomes.

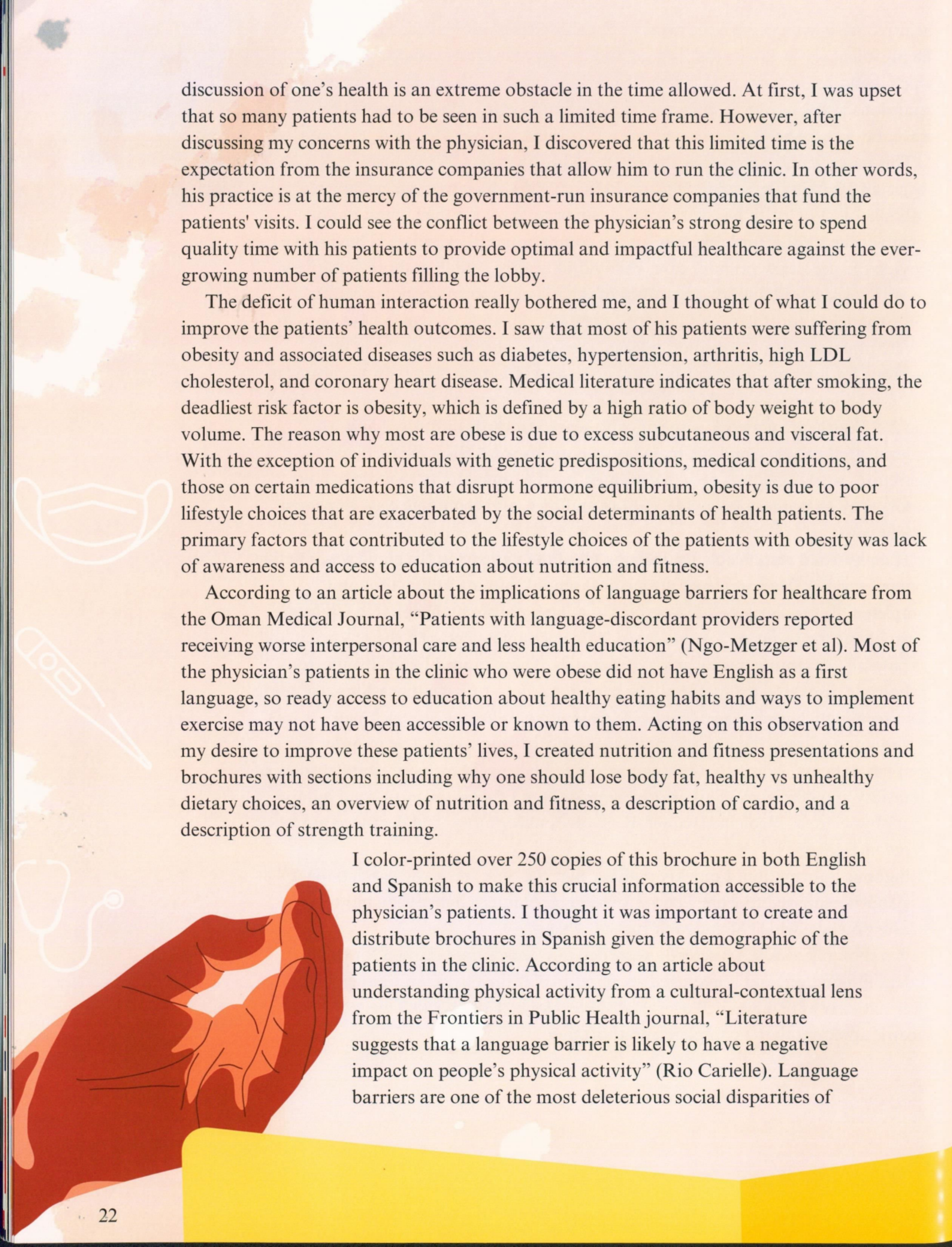


This piece explores my observations of how the social disparities of health are prevalent and detrimental in primary care as well as my own efforts to mitigate the effects of language barriers and a lack of patient knowledge of nutritional and fitness education. From my experiences, in a federally-qualified healthcare network for uninsured patients, these aspects of the social determinants of health negatively affect healthcare treatment which can cause poor

health outcomes. One striking aspect of health disparities I noticed is the prevalence of preventable diseases and poorly managed chronic conditions which could be due to patients' delay in seeking medical attention until their conditions reach advanced stages or a lack of knowledge and awareness of preventative care and early intervention.

This past summer, I worked and shadowed in an internal medicine physician clinic located near Munster, Indiana. This office was under the umbrella of 219 Health Networks, which strive to "provide the highest quality of care at the most affordable cost for the communities [they] serve. [They] strive to provide the necessary primary care, behavioral health, dental, and preventative care with respect and dignity; regardless of the patient's socio-economic status." This experience contrasted with my prior clinical experiences, which have been in private practices for orthopedics, internal medicine, and radiology or in large hospitals for interventional cardiology, E.R., and ICU neurology. I was curious to understand how patients affected by social disparities receive healthcare treatment. The 219 healthcare network is specifically geared towards uninsured and underinsured patients, and the majority of patients were Hispanic or Black. Therefore, working in this network granted me the opportunity to witness how factors such as primary language, culture and race, and economic class impacted patient care.

The physician responsible for treating all of the patients in the clinic was a native Spanish speaker. He completed his medical school training in Ecuador and completed his residency and fellowships at a large university hospital in Chicago. Throughout the summer, I would learn from encounters between the physician and his patients presenting a wide array of histories. These ranged from chronic non-pathogenic diseases such as obesity or hypertension to rare complications stemming from seemingly harmless incidents such as fainting following stomach pain. It was intriguing to witness the physician metamorphosize into a detective in order to decipher patients' words to ultimately reach a diagnosis as an astonishing display of versatility and efficiency. This critical step is where I found the most road bumps for a physician, as medicine frequently involves uncertainty, and decisions are based on incomplete or ambiguous information. I quickly realized that the time spent with each patient was very short compared to what I had witnessed in an internal medicine physician's private practice, which already felt rushed. Using the bezel on my watch, I discreetly recorded how much time elapsed for each patient interaction, and it averaged six minutes. On the physician's patient chart, three patients were scheduled every half-hour block. This shocked me, as it became apparent that a complete and thorough



discussion of one's health is an extreme obstacle in the time allowed. At first, I was upset that so many patients had to be seen in such a limited time frame. However, after discussing my concerns with the physician, I discovered that this limited time is the expectation from the insurance companies that allow him to run the clinic. In other words, his practice is at the mercy of the government-run insurance companies that fund the patients' visits. I could see the conflict between the physician's strong desire to spend quality time with his patients to provide optimal and impactful healthcare against the ever-growing number of patients filling the lobby.

The deficit of human interaction really bothered me, and I thought of what I could do to improve the patients' health outcomes. I saw that most of his patients were suffering from obesity and associated diseases such as diabetes, hypertension, arthritis, high LDL cholesterol, and coronary heart disease. Medical literature indicates that after smoking, the deadliest risk factor is obesity, which is defined by a high ratio of body weight to body volume. The reason why most are obese is due to excess subcutaneous and visceral fat. With the exception of individuals with genetic predispositions, medical conditions, and those on certain medications that disrupt hormone equilibrium, obesity is due to poor lifestyle choices that are exacerbated by the social determinants of health patients. The primary factors that contributed to the lifestyle choices of the patients with obesity was lack of awareness and access to education about nutrition and fitness.

According to an article about the implications of language barriers for healthcare from the Oman Medical Journal, "Patients with language-discordant providers reported receiving worse interpersonal care and less health education" (Ngo-Metzger et al). Most of the physician's patients in the clinic who were obese did not have English as a first language, so ready access to education about healthy eating habits and ways to implement exercise may not have been accessible or known to them. Acting on this observation and my desire to improve these patients' lives, I created nutrition and fitness presentations and brochures with sections including why one should lose body fat, healthy vs unhealthy dietary choices, an overview of nutrition and fitness, a description of cardio, and a description of strength training.

I color-printed over 250 copies of this brochure in both English and Spanish to make this crucial information accessible to the physician's patients. I thought it was important to create and distribute brochures in Spanish given the demographic of the patients in the clinic. According to an article about understanding physical activity from a cultural-contextual lens from the *Frontiers in Public Health* journal, "Literature suggests that a language barrier is likely to have a negative impact on people's physical activity" (Rio Carielle). Language barriers are one of the most deleterious social disparities of

health, as they directly affect communication between the healthcare provider and healthcare receiver they also contribute to lowered activity levels.

While I was unable to record a tangible difference in the patients' lives by tracking weight loss, based on my conversations with the patients after distributing the brochures, I found them to be appreciative of the access to this information, asking questions and recognizing my concern. After conversing with the physician and his patients, I know they are better equipped with knowledge on how to lower their body fat percentages to live better lives. Care received in the clinic is different from information gathered on the internet, as it is interactive, immediate, and can answer questions in depth. The provider to patient connection is personalized and can provide the empathy and emotional support critical in healing. The complexity lies in reading the nonverbal cues which enable collaboration. Establishing rapport yields individual results, but it also benefits society in reduced healthcare burden.

In a scenario where communication was crucial, but verbal communication was limited, I communicated health advice through empathic connection and imparting knowledge and care visually through brochures. I learned that within any circumstance, despite the constraints, there is an avenue for enhancement. It requires thinking outside of the conventional boundaries of an interaction. In healthcare, developing the quality of our human connections is essential, and technology is not necessarily the answer. In the future, I strive to incorporate visual, auditory, and empathetic stimuli to reach patients and provide high quality patient care despite social disparities and the severity of the social determinants of health affecting patients' lives.

It is important to recognize that the quality of healthcare treatment is not equal for everyone, resulting in disparities in health outcomes. Despite the barriers in healthcare, it is our responsibility to bridge the gaps by connecting and educating vulnerable populations as to how they can improve their health at home through simple lifestyle changes, the key to longevity.



BRUTALIZATION AND SEXUALIZATION OF WOMEN IN HORROR

BY CAMILLE SMITH

Content Warning: This article contains descriptions and discussions of sexual assault and violence. This article also contains spoilers for “The Texas Chainsaw Massacre,” “The Texas Chainsaw Massacre II,” “Black Phone,” “The Evil Dead,” and “Evil Dead II.”

Since the creation of the American film industry in 1895, the representation of women in film has portrayed a stereotypical and misogynistic depiction of women; chiefly, in the horror genre. The modern-day horror genre, originally inspired by late 18th and 19th century Gothic literature, has unfortunately retained the inherent misogyny of its predecessors, placing women into binary roles such as the “predator” or “victim.” The horror genre exploits these paradigms, specifically with the “victim” role of women. In horror, women are typically victims of gross portrayals of brutalization and sexualization, far more than their male counterparts. The genre unfairly represents women, defining them as victims and objects of torture rather than dynamic, complex characters.

In contemporary horror media, women are frequently cast as either the lethal “femme fatale” or the submissive “damsel in distress.” In horror movies, plot points typically rely on the suspense of a looming threat. The goal of horror films, as stated in the Dictionary of Film Studies, is “to elicit responses of fear, terror, disgust, shock, suspense, and, of course, horror from their viewers.” To achieve these intense emotional responses, many horror movies implement gore. Prominent horror titles such as “The Evil Dead” (Raimi, 1981), “Hellraiser” (Barker, 1987) and “Saw” (Whannel, 2004) heavily rely on body horror—a subgenre of horror that employs grotesque violations of the human body. Torture is a terrifying element of horror that involves a feeling of powerlessness and helplessness—sentiments that have unfortunately been correlated with women for generations.

Due to the nature of misogynistic stereotypes, women disproportionately endure torturous bodily violations. Texas Christian University conducted a content analysis of 48 influential slasher films and found that “sexualization, strength, flaws, brutalization, and fate were coded for 252 female characters.” This test displays that the horror genre has retained the same polarizing view of women from its source material. The test found that “female killers were most commonly portrayed having sex,” and “actual/potential victims were brutalized and killed most for their sexualization.” In essence, the horror genre reinforces gender roles and stereotypes, vilifying female sexuality and endorsing female subservience.

In “The Texas Chainsaw Massacre” series, women are oversexualized and victimized. For instance, its second film undermines the intelligence and capability of its female protagonist, Stretch, by attesting her salvation from captors LeatherFace and Chop-Top to her sexual appeal. This dehumanizing and misogynistic notion suggests that women can escape precarious situations by using their bodies, perpetuating rape culture.

Conversely, men typically get to serve as the heroes in horror media. When the male main character in “Black Phone” (Derrickson, 2021) was placed in a similar situation to Stretch, the oversexualized character from “The Texas Chainsaw Massacre II” (Hooper, 1986), he was able to escape based on his strength, intelligence, and persistence—all while fully clothed. When men act as victims in these horror stories, torture is physical but seldom sexual. In contrast, women in horror are sexually violated to an extremely repugnant degree. For example, in “The Evil Dead,” when Cheryl is possessed by a demon, she is wrapped in vines in the forest. These vines tear off her clothes and brutally violate her sexual organs, subsequently raping her. In the film, only female characters, such as Cheryl and Linda, get possessed.

Meanwhile, Ash, the male hero of the franchise, remains unscathed throughout the film and is even praised for his intelligence. He outsmarts the demon and establishes himself as the franchise's hero, continuing to save possessed and deranged women in “Evil Dead II” (Raimi, 1987). These tropes in both “The Texas Chainsaw Massacre II” and “The Evil Dead” perpetuate the sexist notion that women are incapable of defending themselves.

However, not all horror exhibits this problematic treatment of female characters and amplification of male characters in the “hero” role. “The final girl trope,” typically employed in slasher films, has beckoned in a new era of horror, an era that allows women to escape their binary roles as either “victim” or “predator” and serve as a third role: the “hero,” a role that was formerly attributed strictly to men. Carol J. Clover, a professor of American Film at The University of California-Berkeley, studied slasher films from the 1970s-1980s. In “Her Body, Himself,” (Clover, 1987) Clover defines a final girl:

“as a woman who is the sole survivor of the group of people (usually youths) who are chased by a villain, and who gets a final confrontation with the villain (whether she kills him herself or she is saved at the last minute by

someone else, such as a police officer), and who has such a "privilege" because of her implied moral superiority (for example, she is the only one who refuses sex, drugs, or other such behaviors, unlike her friends)."

While the moral superiority facet of the final-girl trope is often viewed as progressive, it can often unfairly perpetuate purity culture. Final girls are typically sexually unavailable in comparison to other female characters in horror films; they are unattainable and almost virginal, representing moral superiority and cultural purity. Clover even pointed out that final girls are more likely to have gender-neutral names, like Avery, Chris, or Sydney, or act more "tom-boyish" than the other female characters. This inadvertently puts women down as it shows that only women with traditionally masculine traits can be survivors.

This type of representation forms a new dichotomy. Instead of female characters being forced into "victim" or "predator" roles, they are now placed into classifications as "virgin" or "whore." In a psychological study at California State University, researchers concluded that "sexiness was paired with nonsurvival of female victims." This further proves that horror movies condemn female sexuality and inadvertently promote a harmful form of purity culture.

Ultimately, the brutalization and sexualization of women is something that has dominated the horror genre for decades. It has become so normalized that fans of the genre shrug it off and say, "That's horror for ya!" However, further introspection has revealed that there is a disproportional disparity between the treatment of men and women in the horror genre. Women are objectified and violated in dehumanizing and sexual ways that do not further the plot. Instead, female characters are forced to carry out the perverted fantasies of their directors, simply for the sake of shock value. Even progressive efforts to include and represent women, such as the final-girl trope, reinforce stereotypes as they condemn sexuality and femininity in women and instead praise women who exhibit abstinence and masculine traits.

Instead of adhering to binary dichotomies such as "victim/predator" and "whore/virgin," directors in the horror genre need to recognize the nuance and diversity of women. Horror is meant to evoke fear and terror, not perpetuate the same sexist and predictable tropes. As the horror genre evolves into a more popular intellectual medium, female characters should depict a more accurate representation of women. By rejecting predefined roles, female characters can evoke fear through their blood-curdling screams or their maniacal laughs, ultimately thriving in this genre.



KEEP WHO I LOVE OUT OF MEDICINE

BY JEDHELITA RAY



Background

In 1973, homosexuality stopped being considered a mental disorder. This event became such a crucial part of the Lesbian, Gay, Bisexual, Transgender, and Queer + history because it showed that no matter what it is you're feeling or who you have feelings for, there is nothing wrong with you. And yet, 50 years later, the prejudice, the stigma, and the discrimination continues to prevail, especially in the shadows. While some prejudice has started to decline over the years, highly respectable jobs, especially in the medical/healthcare fields, still carry the stigma of discrimination towards queer patients and queer workers. In a 2011 survey, LGBTQ+ physicians were discriminated against in areas of promotions, certain privileges, employment, patient referrals, and social exclusion (Goulet & St John 2022). It is alarming how easily these seemingly highly respectable jobs lose their validity the moment patients, colleagues, and employers find out that someone is a part of the alphabet.

Of course, even if some members of the community are not even out, the consequences in the workforce loom over them, a reaper following their career at one slip of their identity. Beyond the workforce, or more appropriately, way before even graduating from medical school, some medical students already fear disclosing their identities at the cost of their profession. According to a 2014 study, 52% of residents concealed their sexual orientation due to fear of rejection, especially poor evaluations from attending residents (Kelly & Rodriguez 2022). Workplace superiors are basically people who determine what the next parts of your career will look like; they are the ones in power. So when this power is mixed with prejudice against one's gender and sexual identity, all hope seems lost for the success of queer individuals. Even more so in a competitive setting such as the medical field. Here, queer medical workers face their days with the fear of rejection, harassment, devaluation, and career limitations. According to a 2008 survey with 512 adult respondents, 30.4% of them would change clinicians upon finding out if their primary physician is homosexual (Holmberg et al 2022). This narrative might sound similar to other identities, cases where indigenous individuals are denied employment because of their long hair or tribal tattoos, or Latinx individuals with tattoos are stereotyped to be in gangs. Unfortunately, Title VII cannot protect the discrimination against tattoos and other forms of bodily art, even when it is considered a cultural act (Ma 2023). How can one live with full bodily autonomy when just a quick glance at their appearance erases what is on their resume? This discrimination is even more amplified by the intersectionality with an LGBTQ+ identity, significantly shrinking their pool for success. According to an anonymous nationwide poll

of LGBTQ+ physicians in 2021, it was reported that queer professionals are more inclined to leave STEM because of their experiences of being discriminated against (Kelly & Rodriguez 2022).

So, if more LGBTQ+ individuals leave STEM, then what happens to the queer patients that need their care?

Patients' Fears

To further emphasize the need for these changes, LGBTQ+ patients also need to have a physician who understands and sympathizes with their needs. In a U.S. Transgender Survey conducted in 2015, 23% of transgender patients postponed their medical care in fear of discrimination and ignorance in caring for their transgender needs (Kelly & Rodriguez 2022). These patients need LGBTQ+ physicians, especially now in this time when gender-affirming care rights are at risk.

Even more critically are the LGBTQ+ elderly in nursing homes. These elders have lived a long life, living through the AIDS crisis, the Stonewall Riots, and now finally arriving at the age where same-sex marriage is legalized. They do not deserve to fear the basic way of life and treatment in their final years after a life half spent in the shadows. They deserve doctors, nurses, and caretakers that are properly trained in LGBTQ+ care. They deserve the concealment, if not the erasure of prejudice, from their caretakers. They deserve a life free of discrimination as they freely present their queer identity in their last years.

Legislation

A case that many may not be aware of is the *Bostock v. Clayton County* ruling in 2020. The Judge ruled that Title VII of the Civil Rights Act of 1964 now protects workplace discrimination against LGBTQ+ employees. Of course, this ruling is not only ecstatic news for representation but also something to see as a form of protection. And yet, even that government ruling is not enough to staunch the fears of queer individuals and douse the hate crimes of close-minded homophobes. What's worse is that healthcare employers either pay no mind to this 2020 ruling or stay ignorant, thus resulting in 21% of LGBTQ+ medical residents experiencing targeted homophobia and 12% receiving homophobic remarks from attending physicians (Kelly & Rodriguez 2022).

Of course, cases like these are what catalyze change in society, especially in the medical field. Discrimination can often be brushed under the rug in STEM professions because of their high esteem, but there are those who choose to step out of this entitlement and advocate for basic human rights. For the surgery department, the Association of Out Surgeons and Allies established themselves to address prejudices towards the LGBTQ+ community and advocate for equity and inclusion. AOSA is comprised of surgeons, trainees, faculty, and allies who work to improve equity and inclusion in surgery "through education, outreach, mentorship, and sponsorship" (Goulet & St John 2022). Furthermore, they are a nationally backed association that promotes the acceptance of LGBTQ+ surgeons.

Additionally, the Association of American Medical Colleges is a group that advocates for the inclusivity of the "underrepresented in medicine." In 2022, Doctors Tim Kelly and Sarah Rodriguez wrote their scholarly perspectives on expanding those "underrepresented in medicine." Here, they urge AAMC to take 3 specific actions: to anonymously survey physicians nationwide to gauge an

estimate of LGBTQ+ physicians better, to create an inclusive curriculum for trainees, and to expand the “underrepresented in medicine” to include queer individuals (Kelly & Rodriguez 2022). This revision is needed in the medical world, especially because of the underrepresentation of LGBTQ+ populations in medicine.

What does the future look like?

What is normal? What does society think of when they want to see a normal appearance? Do they want to see a white face? How about a person with dyed hair, do you think they're normal? How about a person with tattoo sleeves and dyed hair? When did these seemingly artistic body modifications become such a stigmatized feature? These questions run through my mind as I walk into my STEM classes with my dyed hair and provocative clothing that confuse people on what gender to identify me with. Currently, through the trends and evolution of self-expression, people with colored hair tend to be stereotyped as queer, and that is a stereotype I embrace. It is this trait of mine that sets me apart from the rest. That sets my community apart from the rest. While a wonderful, colorful trait, it paints our community more as a target. In a 2015 survey of 27,715 transgender respondents, 15% were asked irrelevant questions about being transgender, even when it was not the reason they were seeking help, 8% were refused transition-related care, and 3% were outright refused medical care. This was in 2015, and with recent laws denying gender-affirming care, these percentages would surely have gotten up.

And yet, it is not our duty to dull ourselves for acceptance, it is for society as a whole to accept us for who we are. Institutions, especially hospitals, must educate employees about LGBTQ+ needs and issues. In fact, medical students have been taking the initiative, and in a recent study, 81% of students reported an interest in LGBTQ+ health needs (Kelly & Rodriguez 2022). Therefore, it is now imperative to create a proper formal curriculum regarding LGBTQ+ health, for patients and colleagues. The underrepresentation in the medical field needs to stop in order for higher competency in LGBTQ+ health. Queer patients need that patient-physician interaction not only for their physical health but also for their mental health.

So what does the future look like for people who are like me and who look like me? I encourage the cisgender individuals who are reading this to stop for a moment and reflect on their medical care experiences. To see if they felt safer with a female doctor or with a male doctor. Or a doctor of their own race. There is a comfort to receiving care from a physician who can sympathize, so what makes the LGBTQ+ population different? For those queer individuals who are on the medical track, I urge you to present your queer identity. Be the role model you wish you had, especially if you are going to be wearing a white coat.



DEMOCRATS AND DACA:

How “Our Side” of the Aisle Spits in the Face of Immigrant Youth

By Julian Garcia

DACA, or Deferred Action for Childhood Arrivals, is a program instituted by former President Obama as an executive order in June of 2012, right before his reelection bid. With a dramatic decline in support from the Latino vote, the Obama administration elected to institute DACA. This program, which is a watered-down iteration of the Dream Act, allowed around 800,000 people who immigrated to the United States as children and met specific guidelines to request work authorization and deferred action for a renewable period of two years, according to the U.S. Immigration and Citizenship Services. According to the National Immigration Law Center, the Dream Act would give many immigrant students who grew up in the U.S. a temporary legal status with a pathway for permanent legal status and eliminate the federal penalty against states that provide in-state tuition regardless of immigration status. Deferred action for these Dreamers means that they are not deportable so long as they continue to renew their DACA status and have committed no serious crime, but they have no pathway to citizenship to this day.

The fight for the bi-partisan Dream Act started with its drafting in 1999, which contrasted the language of the IIRIRA of 1996, and its initial introduction to the Senate floor in 2001, which failed to garner enough support to move to the House floor. The IIRIRA, or Illegal Immigration Reform and Immigration Responsibility Act, signed into law by former president Bill Clinton, increased immigration enforcement, sparking many of today's issues along the border (VERA). Organizations like United We Dream have been at the forefront of the fight for a pathway to citizenship for immigrant youth since the movement's inception. This movement was spearheaded by groups of undocumented students who stormed official meetings and demanded that their human right to immigrate be recognized. One of United We Dream's common chants was “sin papeles, sin miedo,” which translates to “undocumented and unafraid.” Students put themselves in harm's way by not only risking arrest and deportation but also any of the mostly unattainable scholarships or job opportunities they had.

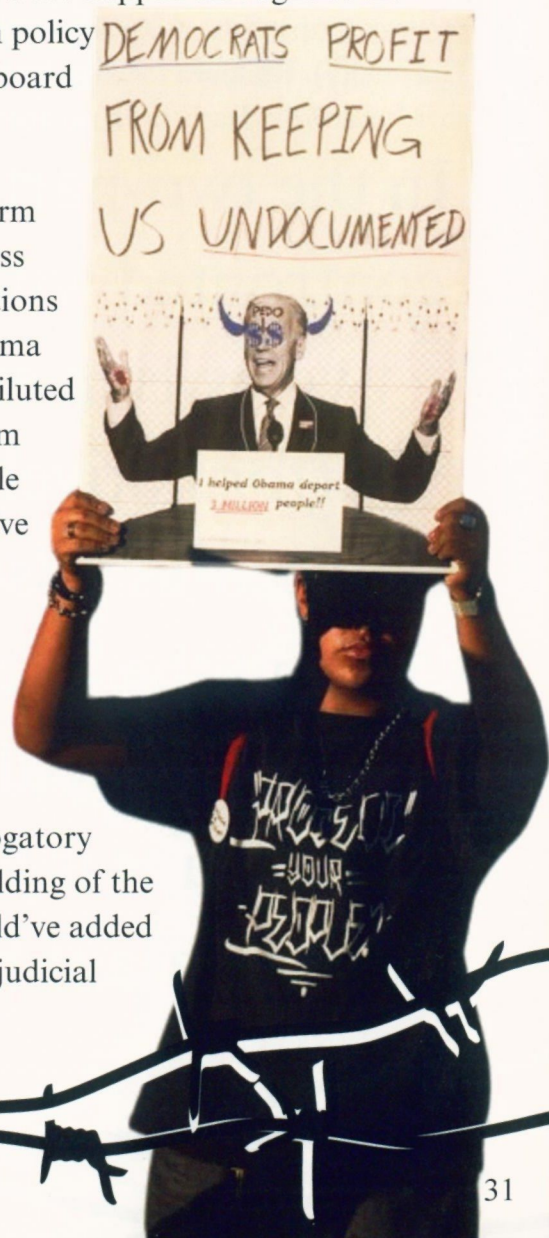
Robert Sagastume was one such activist and Dreamer. Sagastume was a DACA recipient from Honduras who, after immigrating to the U.S. at 12 years old, found himself in a country that prides itself on opportunity with little freedom. In the fight for immigrant rights, Sagastume “would come across representatives that would say, 'Hey, we're on the same side. We're fighting with you.' [But] what often happened is they would say things, but they truly wouldn't walk the walk.” With no legal status and feeling like he had nothing else to lose, Sagastume would “scream in police officers faces... [and put himself] in risky situations by flying to Washington, D.C., often when [he] didn't have a [social security number] or a passport.”

As an undocumented member of the LGBTQ+ community, he felt forced to suspend his sexual orientation and gender identity to fight for his “basic rights as a human being.” Being undocumented took away “that freedom and that sense of belongingness, and that sense of security [that was needed to] be able to talk to people about being gay.” To make matters worse, he had no pathway to citizenship until same-sex marriage was legalized, and he was able to apply for a Permanent Resident Card (“Green Card”) through his husband in 2014. He finally attained citizenship after six years and is now the Senior Student Advisor at the Hispanic Development Fund in Kansas City, working with undocumented students seeking a college education. Robert continues to hold our allies accountable as a newly elected member of the Kansas City, Missouri school board.

The Obama administration promised comprehensive immigration reform through the Dream Act within the first year of its term in office in 2008. However, their actions showed that “in [their early years in office,] they were trying to position themselves as not being weak on immigration...[by increasing] the deportation machine” to appeal to Republicans, says immigration attorney and activist Raymond Rico of Rico Law, based in Mission, Kansas. For a presidential candidate who ran with the slogan “Yes We Can,” borrowed from the United Farm Workers and largely Chicano movement for worker’s rights in the late 1960s, ironically, he deported over 2 million people in his first four years in office (Rico). This betrayal of promises made on the campaign trail is “a pattern that you’ll see happen throughout the Democratic Party since before 2008,” says Rico. Rico, who worked on policy advocacy with United We Dream in the early 2000s and served on its board from 2013 to 2019, was instrumental in the behind-the-scenes policy advocacy necessary to pass DACA in 2012.

Obama stalled passing any sort of comprehensive immigration reform through an executive order, claiming that it had to go through Congress despite “[having] the power to do executive action to stop the deportations of young people,” says Rico. As the 2012 elections rolled around, Obama elected to secure the ever-decreasing Latino vote by finally passing a diluted version of the Dream Act he called DACA after immense pressure from immigrant advocacy groups, but with a caveat. He made sure not to file DACA in the Federal Register so that any consequences of his executive order couldn’t be directly attributed to his administration in the upcoming election.

The Biden administration similarly promised radical immigration reform in the first 100 days in office, yet what has been seen since President Biden took office is a slew of discriminatory immigration policies. We saw a continuation of the Trump era Title 42 policy implemented to stop immigration during the Covid-19 pandemic, derogatory anti-immigrant rhetoric from Vice President Harris, the continued building of the border wall and a supplemental funding request to Congress that would’ve added \$14 billion more to the already more than \$25 billion allocated for prejudicial border agencies like ICE and CBP (AP, NPR, AP, Reuters).

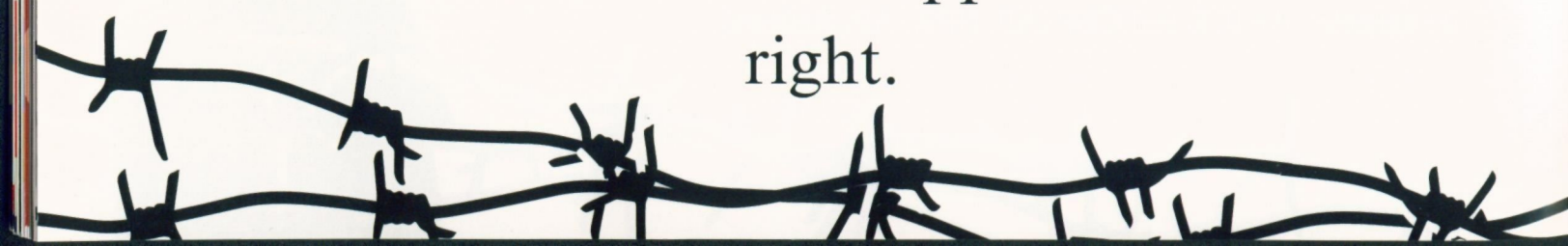




As of today, Biden administration tried filing DACA in the Federal Register to, once again, gain the Latino vote in the upcoming election. However, the program was blocked by Judge Hanen in the U.S. District Court for the Southern District of Texas and is now up for interpretation at the historically anti-immigrant 5th Circuit Court of Appeals. The 5th Circuit will likely uphold Hanen's ruling, which the Biden administration will then appeal, leaving DACA in the hands of our conservative Supreme Court's interpretation.

Often, we see the issue of immigration as a struggle between the humanitarian left and hateful right, but Rico says that "Republicans, as a party...they've let us know that they're not in favor of any policy that is going to be favorable to immigrants, [whereas] Democrats often will say in your face: 'We are the party that backs your efforts,' and that's up until there's any resistance." Let us not forget that it was the Obama administration that built the cages and continued building ICE detention centers that have now separated upwards of 30,000 immigrants in acutely inhumane conditions (LA Times, TRAC Syracuse University). Children live like cattle in disease-ridden ICE "zoos," separate from their families and surrounded by death, with no access to basic needs or medical care (American Oversight).

In the two-party system, it often feels like we're confronted with choosing between the lesser of two evils in every election cycle. Democrats performatively advocate for minority causes and feed us false hope, yet turn around and stab us in the back when it aligns with their re-election goals. The inaction of "left-wing" politicians is just as detrimental, if not worse, than blatant hatred and opposition from the right.



No real or lasting change can come about if we continue to elect Democrats and Republicans who will simply overturn the policies enacted before their term once they make it to office. Voting is the single most effective way to bring about political change. Both the right and left will tell you that it's unrealistic to vote for an independent candidate, but this rhetoric tricks the public into contributing to the same vicious, self-serving cycle of career politicians who only adhere to their donors. Until Americans decide to vote for a third-party candidate that truly represents us, the two-party system will continue to churn out politicians who misrepresent the will of the people. It is only unrealistic until we decide it isn't.

We are a nation founded on the backs of immigrants and slaves, the same groups that continue to keep our economy running today. The passage of comprehensive immigration reform is not a matter of political leaning but rather a commitment to live up to the promises of freedom and opportunity this country was founded on.



Inclusive Care for All: An Exploration of Telehealth Pre to Post COVID

By Miit Shah

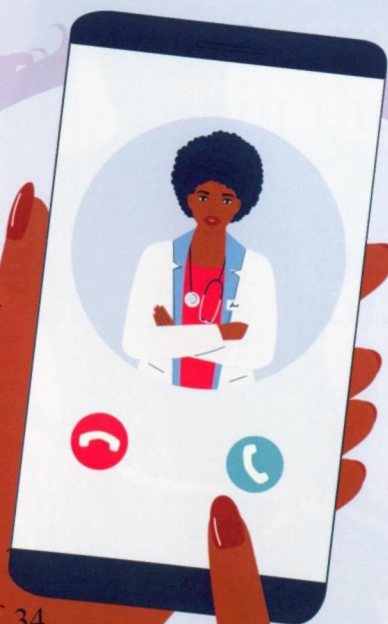
As I witnessed my first glimpse of a telehealth visit, it became an experience that invoked my need to explore deeper into the evolving landscape of mental health care. Dr. Sarah Wear, a physician I shadowed over the summer, shared her insight during those visits:

“Telehealth has filled a huge gap in healthcare, especially in issues such as depression and in social anxiety. Patients suffering from mental health issues often struggle to make appointments either for initiation of treatments or for follow up, which leads to undertreatment.”

Telehealth has been a game-changer in the realm of mental health care. It addresses some of the significant barriers that often discourage individuals from seeking and continuing treatment for conditions like depression and social anxiety, allowing geographically isolated people to access mental healthcare. Dr. Wear also had notes to add about flexibility of appointments, “Telehealth visits create flexibility by allowing access to health care on an individual’s own terms in location/ time away from work and help patients feel more comfortable and in control of their medical issues.”

Mental health struggles can be isolating, and the process of going to a clinic can be overwhelming for individuals suffering from the issues. The ability to access care from the comfort of one's own space, free from the stress of commuting or dealing with a crowded waiting room, is the flexibility telehealth provides. Intrigued by the evolution of telehealth, I began researching the journey of telehealth, a journey that spans the periods before and after the global turmoil caused by the COVID-19 pandemic and telehealth’s influence. First acknowledging the monumental shift that telehealth has undergone, the rise of telehealth during the pandemic was radical, but its roots reach back before COVID-19. Allowing

the observation of the distinct phases of telehealth's evolution, discovering the barriers that existed before the pandemic, the shifts that occurred during the COVID-19 crisis, and the persistent challenges that continue to shape the future of mental healthcare.



The historical evolution of telehealth, prior to the pandemic, is a demonstration of the efforts to merge technology and healthcare. In a study by the National Library of Medicine, the research recognizes the primary concept of telehealth dates to the early 20th century, with the transmission of radiology images over telephone lines and when telehealth faced significant challenges that obstructed its widespread adoption. These challenges included regulatory hurdles, slow technology advancements, and reimbursement policies that required revision to adapt to the new form of mental healthcare. In the context of mental health, where early intervention and continuous care are crucial, these limitations prevented many individuals from accessing timely and effective treatment.

Limited insurance coverage was a major roadblock for telehealth adoption before COVID-19. The National Library of Medicine notes that “reimbursement policies did not keep pace with the rapidly evolving landscape of telehealth.” This limitation meant that patients, particularly those dealing with mental health concerns, found telehealth services financially inaccessible. As mental health services can be prohibitively expensive, this financial constraint acted as a significant deterrent, preventing patients from accessing care from telehealth avenues. The lack of comprehensive insurance coverage discouraged healthcare providers from offering telehealth options. The article emphasizes the impact of this by stating, “many providers and patients were unaware of the capabilities and benefits of telehealth.”

This unfamiliarity was a direct result of the lack of insurance support, which in turn limited access to these services. It's important to recognize that in the case of mental health, access to care can be a matter of life and death, and insurance limitations serve as a barrier to addressing these critical needs. Stigmas surrounding mental health care were prevalent long before the pandemic. In many societies, discussing mental health openly was, and in some cases still is, considered a taboo. This prevented individuals from acknowledging their mental health concerns, let alone seeking help through telehealth and professionals. Playing a role in limiting healthcare providers' willingness to embrace telehealth for mental health care. Stigma combined with the lack of insurance coverage and slow technology adoption surrounding mental health care created obstacles to accessing mental health services through telehealth.

Increase in the use of telehealth showed growth in the delivery system between patient and physician. The rapid expansion of telehealth during the COVID-19 pandemic was revolutionary and showed the necessity of the doctor-patient relationship. The U.S. Department of Health and Human Services highlights this by noting that “the pandemic accelerated the adoption of telehealth.” What was once a slow-moving means of medical treatment became an urgent requisite to provide healthcare while minimizing in-person contact, reducing the risk of viral transmission during the pandemic.

Patients who were skeptical at first, then embraced the idea



of virtual doctor visits, and healthcare providers adapted rapidly, making telehealth an integral part of healthcare delivery. Policy changes and government interventions played a significant role in propelling telehealth into the mainstream.

According to the same source, "policy changes allowed healthcare providers to be reimbursed at the same rate as in-person services." This financial incentive was essential in motivating healthcare providers to adopt and promote telehealth. Additionally, government-led "temporary waivers and rule changes" made it easier for patients to access healthcare services across state lines, effectively removing barriers that had previously hindered telehealth's widespread use. The New York Times reports an increase in mental health spending, a trend partly attributable to telehealth. Patients could now easily reach out to mental health professionals from their homes, reducing the stigma associated with seeking mental health support. This newfound accessibility marked a significant step forward in improving mental health care access. This shift is more than a short-lived trend and it signifies a permanent transformation in how healthcare is provided and accessed. Telehealth has become widely accepted and utilized, and the pandemic expedited this shift, paving the way for a new era of healthcare where accessibility and convenience are paramount.

In the era of telehealth, the impact on healthcare costs and outcomes is an area that has garnered significant attention. The insights from the National Center for Biotechnology Information states "Telehealth can promote public health and healthcare in several ways, including reducing healthcare costs and improving patient outcomes." This emphasizes the transformative potential of telehealth with the power to cut down on the expenses associated with in-person visits, such as travel and facility costs, is a benefit of the service. The ability to monitor patients from the comfort of their homes can lead to more proactive care, potentially preventing costly hospitalizations. This dual benefit, both in terms of cost reduction and outcome improvement, showcases telehealth's potential to revolutionize the healthcare landscape. While the promises of telehealth are abundant, it's crucial to recognize that there are remaining challenges. The NCBI acknowledges that "challenges include issues related to reimbursement, licensure, and technology access." These challenges can be significant roadblocks to the full realization of telehealth's potential. Reimbursement can deter healthcare providers from embracing telehealth to its full potential. If they are not



adequately compensated for virtual visits, the economic incentive to invest in telehealth may be reduced. Licensure and technology access challenges can restrict the ability of patients to access telehealth services across state lines or in areas with limited internet connectivity.

In this exploration of telehealth's evolution, within the realm of mental health, it can be seen that the service has undergone a dynamic evolution that spans both pre and post-COVID-19 periods. The historical evolution of telehealth revealed the obstacles that slowed its widespread adoption. Regulatory hurdles, slow technology advancements, and outdated reimbursement policies limiting access to mental health care. However, the COVID-19 pandemic marked a turning point in a once slow-moving revolution that became an urgent necessity to provide healthcare while minimizing in-person contact.

Policy changes and government interventions, including financial incentives and temporary waivers, propelled telehealth into the mainstream.

This, in turn, reduced the stigma associated with seeking mental health support. To ensure the equitable delivery of telehealth services and mental health support in a post-pandemic world, it's crucial to address remaining challenges such as the permanence of reimbursement policies, licensure, and technology access. To those pursuing the medical field, myself included, it is essential to understand how far telehealth has come and ensure equitable reimbursement for telehealth services and the safety and privacy of the sharing of health information over the Internet. By overcoming these hurdles, we can truly utilize the potential of telehealth and provide inclusive mental health care for all.



Better



Together

By: Seth Hunter

Life is not solely about the opportunities you receive but also the opportunities you give. At Saint Louis University, we are fortunate to be gifted with various clubs, extending to social, academic, and athletic audiences. If you want to improve a skill, expand your knowledge, or meet others, there's most likely a club that can make that happen for you. Fundamentally, SLU's nearly 200 student-led organizations are designed to offer you new experiences and broaden your understanding of different concepts and backgrounds.

However, a club can only be a "club" with active, growing membership. Here at SLU, membership ranges across various clubs. While there is constant participation within certain clubs, the attendance rates of others are consistently low. Within a University that welcomes over 8,000 students, only 10-20 people attend these clubs. While the primary goal of these organizations is not to be the most popular, "low attendance" was not on their bucket list.

Amongst the executive positions within these few organizations are Athena Valera-Barrios, Founder and President of Well-Rounded; Eric Battle, Vice President of External Affairs for the African American Male Scholars club; and Birch Fabregas and Hermela Nebyu, Co-Hosts of Poetic Us.

By sharing knowledge from industry professionals with students, Well-Rounded informs students on the significance of financial literacy and essential areas of life that can often be overlooked while in college, according to Barrios.

Within rooms of neutral-toned tables and white-accented walls, Athena welcomes a new speaker each month, standing beside a whiteboard or projector screen to define a fresh perspective on personal development. Athena said Well-Rounded was created within her apartment in Madrid, as thoughts came of not knowing how to purchase a car properly, assess life insurance, and other essential life matters.

“If I don’t know, other people don’t know” was a factual belief that catalyzed Athena’s Well- Rounded initiative.

Although exceedingly satisfied with the content of session one, Athena said that attendance didn’t quite align with the boosted efforts in hosting this session. She stated that she was pleased with the Kick-Off Session but noticed the attendance rate declining within later sessions. After speaking with an advisor, Athena said she was reminded that her initial goal wasn’t to “fill the stands” but to educate others. She said that by filling the stands, more people would receive this knowledge, but she is very appreciative of people attending these sessions. Athena stated that there were many “a-ha” moments from peers learning valuable insight from these sessions. Athena claimed that she aims to target a quality set of members where people consistently attend, actively participate, and retain information during each session.

Another aspect of enlightenment is found within Poetic Us, Saint Louis University’s first and only poetry club that allows you to share what’s on your mind through creative expression. Nested within the back of Xavier Hall, lies a dim-lit art room with a stage surrounded by peers waiting to hear a creative message. With its speakeasy-esque ambience, Poetic Us has designed an environment that allows individuals to translate a single thought into an assembly of words. Biweekly Co-Hosts Hermela Nebyu and Birch Fabregas moderate the organization, receiving the torch from the previous Co-Hosts and Co-Presidents, Elsa Mulat and Katerina Super, who are studying abroad in Madrid, Spain. Nebyu stated it was a smooth transition from being a member to a leader because she was familiar with the current membership when she stepped up as “host.” Interestingly enough, Poetic US really values the idea of implementing various cultural aspects, in an appropriate manner, within their poetry sessions. Each session has a theme which would typically tie to a specific culture. Within these experiences, students begin to learn new languages as well as different information relative to that week’s theme. It’s crucial for students to gain exposure to different walks of life because it broadens the mind and allows people to further explore the beauty of our diverse world. In congruence with recent attendance rates, their first hosting session contained only returning members. This was not a disappointment for Nebyu because she stated that “consistency triumphs quantity.” With their consistent attendance rates, members are prioritizing their attendance within these sessions.

As the Oath of Inclusion states, “I will embrace people for the diversity of their identities, creating a community inclusive of race, ethnicity, sex, age, ability, faith, orientation, gender, class and ideology.”

Poetic Us recently hosted an event with the Student Government Association for Oath Week. One aspect of the oath is not just including but welcoming and integrating diverse perspectives into SLU’s club spaces. Poetic Us has consistently strived to reach this objective. Some examples of cultural inclusions include their “haiku nights,” where Poetic Us celebrates Japanese poetic tradition through reading, hearing, and creating haiku that incorporate elements such as “kigo” and “kireji.” For their Oath Week session, they highlighted Chicano poetic traditions.

“During our most recent meeting, we shared poetry by Native authors, such as Joy Harjo of the Muscogee (Creek) Nation and Palestinian poet Lena Khalaf Tuffaha. Poetic Us has always served as a creative space for all spoken word and poetic traditions, and by sharing these works by authors of all backgrounds, we provide a space to not only experience these artistic traditions but also engage with them. I have heard some beautiful pieces inspired by these authors, and I very much appreciate this

opportunity to expand my own creative boundaries each meeting," said Fabregas.

With members taking notice of these stagnant rates, the co-hosts have strategized ways to market and expand the club. Concerning the attendance goal, "a specific number" wasn't precisely pinpointed. However, they stated that Poetic Us thrives from the intimacy of their sessions, increasing the likelihood of participation. An expanding audience can intimidate members to speak on stage, but it can also be an opportunity to enhance public speaking. As of today, the hosts are developing methods for increasing membership without sacrificing the comfortability and closeness of their existing meeting place.

Under this progression of thought, the African-American Male Scholars aims to develop a community of Black male students to engage in thought-provoking discussions and career insights. Encased within the back of the Center for Global Citizenship, AAMS hosts monthly events, promoting collaboration and constructive insight. Eric Battle, the Vice President of this organization, said that he was pleased to receive a large group of students from all classifications. These individuals spoke with Battle, acknowledging that the club gravitated toward a loyal and trusted group of Black males. These same individuals also desired for this loyalty to be mutually shared amongst more sections of Black students. Battle stated that he believes the club is structured in a way that accommodates many students. While the organization was originally designed for Black male students, AAMS desires to cross the cultural boundaries, intersecting into all races on campus. AAMS as well as other black organizations on campus have also contributed to creating scholarships for students of color on campus from all backgrounds. With AAMS, it's important to ensure the success of students both culturally and professionally. This organization recognizes that when a diverse group of students come together to learn and grow with each other, great things happen and opportunities for these students begin to flourish.

Intending to maintain 25-50 active members, Battle thought that the solution to their low attendance was to host more off-campus outings or networking events. Battle said that he felt that changing the meeting place to a setting outside of SLU would prompt AAMS to increase membership as the organization would be positioned within a large pool of prospective members. He believed that what sets AAMS apart from SLU's current clubs is "the sense of brotherhood and community." AAMS welcomes anyone within the organization and has curated a safe space for Black men on campus to feel free to express themselves.

Saint Louis University strives to harvest a community where students, faculty, and staff from all walks of life can receive positive exposure and enlightenment from their courses, events, and, of course, clubs. After having conversations with these select individuals, it is clear that SLU's mission is progressing forward, as Well-Rounded, AAMS and Poetic Us have explicit goals to broaden the understanding of our students to allow them to see different aspects of life outside of the classroom. Unfortunately, these distinguished clubs aren't expanding their membership as they had hoped, which seemed unexpected after listening to the substantial efforts of these organization leaders.

The student organizations described are a small segment of the many clubs on campus struggling with poor attendance rates. They are gems who strive to progress and expand the minds of their members, educating them on different cultural perspectives and really making significant contributions to the success of students from various backgrounds. While their mission hasn't yet reached a widespread effort, it is clear that clubs like this deserve to thrive.

A Senegalese poet said "In the end we will conserve only what we love. We love only what we understand, and we will understand only what we are taught." We must learn about other cultures in order to understand, in order to love, and in order to preserve our common world heritage.

Navigating Chronic Illness

One Step At A Time

by Brynn Drake

I lie in bed for five minutes, a daily dance of slowly sitting up, inching closer to the bed, and cautiously stepping off, hoping not to fall. Only a few months ago, I didn't follow this Morning Tango. Scrambling to the edge of the lofted bed, the world spun, and I tilted towards the ground. I wasn't so lucky then.

Now I have 30 minutes to get ready for school. I rush to take a number of pills I'd be embarrassed to admit. My breakfast is a light, allergen-free granola bar. This is the kind of bar that a Whole Foods mom would obsess over while Gordon Ramsey would be disappointed. Nevertheless, I can't afford a good breakfast, and almost all foods make my stomach upset. I run out the door and it starts to set in: spotted vision and excruciating knee pain.

At only 12 years old I was familiar with leg and foot pain. I walked into the store with my mom, who ushered me to the tween shoe section. I responded, "Mom, we need to go to the back of the store. That's where the old lady shoes are." She laughs. I look down at my sneakers as I approach my first class. Definitely old lady shoes; some things never change.

Walking to my next class, I struggle with each step, getting sharp waves of stabbing in my back, legs, and chest. The elevator reads "Out of order." This building's elevator has been out of order for weeks, which can't possibly be legal. Maybe if I had the money and audacity I would sue, but for now I'm focused on getting to class. As I sit down in my seat and my pain starts to subside, I feel a pulling pain in my chest. It feels as if someone is inside of my skin stretching the skin in between my rib cage towards my back. I feel every bone in my rib cage pull against my skin, which is only exacerbated by breathing.

This feeling I'm too familiar with. Even at nine years old I sat in a doctor's office complaining about chest pain. "It must be allergies," he said, "or anxiety. You're probably just stressed. Try some coloring." Per the doctor's orders I did, but as it turns out, coloring cannot cure an autoimmune disorder.

In my next class's building, I enter what I call the "hotbox room," where one has to wait for the elevator. This room has no air conditioning, so during the summer, the room becomes unbearably hot. As someone who has poor temperature regulation due to a thyroid condition and nerve damage, the heat is intolerable. So, I get the fun choice every day of almost passing out from taking the stairs, or almost passing out from the heat. Most days I choose the heat because not only do I get dizzy on stairs, but I also have knee pain.

The knee pain was something I worked to improve at age 15. Every time I bent them under 90 degrees, they would bruise. After years of complaining, I got into physical therapy. The physical therapist asked, "Where's the pain?" I jokingly told him, "Point to a spot." After hearing my many complaints he said, "It will get better eventually." When is 'eventually'? Months later, he dismissed me saying there's nothing more he could do for me. "Maybe if we had caught it sooner..." he said. But I did, just no one believed me.

At 18, I got a text from my mom saying, "I think you may have this," with a video about Ehlers-Danlos Syndrome. The video started by talking about patients with dislocated necks, hips, shoulders, and more. My dad cringed, "Turn it off!" 'I can't possibly have this,' I thought, 'I have never dislocated my neck.' Spoiler alert, I was wrong.

And now I head to dinner at Panera, or as my cute but wrong friends from Missouri call it, Bread Co. Every day I eat the same salad in hopes that I can keep my nausea at bay, hence the need to constantly conserve money. I keep reminding myself that the nausea has gotten better. Only a couple of months ago I went home after my freshman year, having eaten so little that my hair was starting to thin. When I got home, a freshly cooked meal was waiting for me, but I couldn't eat it. "I'd rather go to bed hungry than feeling sick," I told my parents. I couldn't remember the last time I was able to stomach a full meal.

To eat, I head to my boyfriend's apartment. He only lives on the third floor, but the stairs aren't an option for me. The girl in the elevator with me says, "Why didn't you take the stairs?" For most of my life, I could have. Earlier this year, I realized stairs were no longer a possibility for me. The two elevators in my dorm were broken. Despite being dizzy and my muscles feeling weak, I begin my way up the stairs. One stair, I'm out of breath. One flight, I'm putting my entire body weight on the railing. Second flight, my knees start giving out. Third flight, my legs are shaking uncontrollably. Four flights, I can

barely see anything and my head is spinning. I get to the fifth floor, my floor, scan into my room, and immediately pass out. I could've easily hit my head and needed stitches. So, at least I was lucky; it could've been worse. But I don't have the time to explain that to the girl in an elevator, so I shrug it off.

After some dinner and studying, I have my first true dizzy episode of the day. My eyes flutter, my head bobs, and my legs collapse. I use my last strength to lean towards the wall to break my fall. My dizzy episodes feel as if someone blindfolded me and put me on a spinning teacup ride. Oftentimes, I feel like I can't breathe. I have no idea how long or bad an episode will be until I'm in the midst of it.

My freshman year I had an episode so bad, I had to go to the E.R. for a possible stroke or seizure. After waiting five hours they took me to a bed in the middle of a hallway next to the nurse's station. I heard top secret information such as, "The password is 1-2-3-4," and of course the infamous quote, "Are you ready to stick your hand up a man's ass?" However, the conversation I definitely shouldn't have heard was when the nurses started talking about me, saying, "Do you think she's telling the truth?" Afterward, they sent me home and said to come back if it gets worse. I left with a sinking feeling that I may die before I turn twenty.

My episode passes and I continue on with my homework. Homework is difficult, especially with brain fog and fatigue, which I experience often. I typically work a little, lay down, rinse, and repeat. I, however, know there was a time when I couldn't even do that so I'm grateful.

When I entered college, I quickly got into the habit of working out every day. Without apparent cause, I was bedridden by the end of March. I couldn't get food or walk to the bathroom. Even being propped up by pillows would still cause me to get dizzy and pass out. The passing out count went to around 10 times a day. The only thing that kept me going was the thought that I would get a diagnosis and then be cured. Little did I know my multiple diagnoses would lead to more questions and ultimately be incurable.

As the night goes on, my passing out gets worse. My boyfriend came up with a fun communication system for when I can't physically talk. He places his hand underneath mine and says, "One tap for yes, two taps for no. Do you need to go to the hospital?" Two

taps, no. "What do you need? Oh, wait, that's not a yes or no question. Sometimes I'm an idiot." Yes. He laughs, "Even passing out you're funny!" Yes.

I regain consciousness and head back to my dorm. From an outside perspective, I look like I'm part of the drunk crowd, stumbling down the sidewalk. Nevertheless, I made it back to my dorm. The door's accessibility doors don't work, so I have to push the heavy doors myself, a feat that's difficult for someone barely standing.

I had never heard of someone experiencing dizziness like mine until I went to an accessibility talk. The student speaker, Grace, talked about her experience with Postural Orthostatic Tachycardia Syndrome and EDS. I remembered EDS from the video my mom had sent me, but the way Grace described it fit a lot more of my symptoms. She went on to describe POTS and how it can cause dizziness, chest pain, brain fog, and fatigue. Two days later I was diagnosed with both POTS. 15 doctors and 4 months later I finally had an answer.

I must get into bed slowly because I remember when I did fall over, slowly off the lofted bed, I hit my head on the floor. There were bruises on my face and my head was in extreme pain. I had gotten a concussion for the first time in my life. Every day I get out of bed, I risk a head injury of the same degree or worse.

CULTIVATING MENTAL HEALTH AWARENESS

HOW CAN WE BETTER SUPPORT FARMERS' MENTAL WELLNESS?

By: Elina Reed



It was October 8, 2018 when a deafening silence fell upon the Statz's farm. Rain fell and the wind blew, but what Brenda Statz remembers the most is the loss of her husband, Leon Statz. Brenda and Leon had been married for 34 years. Together, they had three children and one grandchild. Even though the rain had flooded their fields and delayed their harvest, Leon went about his morning chores as usual. However, silence fell upon the farm as Leon finished the chores. After taking care of chores, Leon ended his life. Devastatingly, his son, Ethan was the one that found his body. Leon's raincoat was hung neatly over a nearby door. This jacket was to protect Leon from the rain outside, yet it could not protect him from the struggles that plagued his mental health. This silence would echo out across their farm and bounce off the walls of their barn until a note was discovered in Leon's work pants. This note described how depression had robbed him of the hope and pride he felt running his third-generation dairy farm. From that point on, the Sauk County community was not silent regarding the stigma society holds towards mental illness.

The amount of stress that farmers face can be seen through the steadily increasing rate of suicide of those in the agriculture industry. According to the National Rural Health Association, the rate of suicide among workers in the agriculture industry is three and a half times higher than the average of other professions. Between 2000 and 2018, the rate of suicide in rural communities increased by 48 percent in comparison to the 34 percent in urban areas. There are a long list of factors that contribute to this. These factors can include financial pressure, social pressure, and limited access to recovery resources for farmers that struggle with mental illness. A main stressor farmers face that is commonly overlooked is the generational aspect of farming. Unlike the jobs that can be found in the general workforce, farming is usually passed down from one generation to the next. Furthermore, in the case of industrial agriculture, farmers can be locked into farming from contracts and debt from massive agriborps. This aspect of farming puts a strain on an individual. Farmers strongly associate their farming to their identity, and not just their own identity, but their families as well. The substantial financial, legal, and emotional stress that agriculture workers are facing is directly correlated to increased mental health conditions among farmers.

In the later months of 2017, the Statz family made the decision to sell their prized Holstein cattle. This decision caused Leon to develop crippling anxiety. In his mind, the farm was going under. If the farm were to fail, Leon would feel as if he failed not only himself, but his family as well. As a result, Leon took this burden upon himself and held menial jobs to punish himself. He thought that he had failed his family. It was those feelings that led to his first and second suicide attempts. Leon described to his wife how he felt:

Like you're in the bottom of this hole, this pit, and you can see the top and you're climbing, climbing, and struggling your way to the top. And just when you get to the top, it goes higher, and you keep climbing, and pretty soon you get tired and you can't climb anymore. (Williamson)

Shortly after the death of her husband, Brenda Statz founded Farmer Angel Network. The formation of this company was one of many sparks that created a fire in the hearts of others to advocate for a cause that reaches beyond the outskirts of their own farms. The heart of Dorothy Harms is one that was forever changed by the impact of Leon Statz's death. Harms is now one of the founders of Farmer Angel Network, and she also holds the positions of president and finance chairperson. In addition to all of the work that Dorothy does for the company, her and her husband own and operate a farm. Up until 2019, Dorothy and her husband raised dairy cattle. Today, they run a grass-fed beef cattle operation and host families at their farm in a bed and breakfast. This provides them with additional income and serves as a way to connect with the general public about farming. This outreach of their business can help people to understand the hard work and care that farmers put into their profession.

On October 10, 2023 I had the privilege of speaking with Dorothy about Farmer Angel Network and the role that they play in advocating for mental health awareness among the agriculture community. Harms shared with me how Farmer Angel Network provides support to their local community and the actions they take to extend a helping hand to other communities. The main goal of their company is to encourage fellowship among farmers. Farming is a profession that by its nature can feed into isolation. Most of the time, a farmer is left to his crops or livestock working long hours early in the morning or late into the night. Farming is physically and mentally demanding. During the busiest seasons or during a crisis, farmers will work very long hours, which results in fatigue. Not to mention, operating machinery while sleep-deprived can increase risk of injury, and fatigue can be related to symptoms of stress and depression. Additionally, the lack of access to mental health support and resources put those in the agriculture industry at a serious disadvantage when it comes to receiving the care that they need.

During the interview, Dorothy emphasized the tendency of a farmer to believe that no one else shares their problems, that they're the only one facing certain circumstances. However, from the fellowship that this organization creates, farmers may come to find out that they're not the only ones. From fellowship, farmers may come to find out that they are not the only ones in the profession that are facing generational pressure, the stress of bills stacking up, weeds growing in their crops, or an unnamed illness harming their livestock. It's not just them. They aren't alone in the struggle of being a farmer. To facilitate awareness and build community, Farmer Angel Network organizes events to celebrate farming and show appreciation to farmers. At these events, Farmer Angel Network will distribute goody bags with mental health resources inside as well as invite other networking and outreach companies to attend so that they may provide them with plenty of resources. The mission of Farmer Angel Network is to provide education, resources, and fellowship with a focus on mental health to rural communities that support agriculture.

Now that you are aware of the issue at hand, you might wonder how it is that you can better support farmers' mental wellness. The answer is simple, whether you are in a rural or urban community: cultivate mental health awareness among the agriculture industry. One can cultivate awareness by recognizing and reducing the stigma related to mental health issues. This can be done by helping to integrate mental health services into already existing services. By integrating mental health services into primary care facilities, it will make farmers more comfortable to reach out for help. Having combined services would allow farmers to seek help without the fear of others finding out why it is that they are accessing mental health services. Those who are in the agriculture industry can reduce the stigma by talking about their own difficult experiences with farming. From listening to others' experiences, farmers may realize that they are not alone. Furthermore, sharing personal experiences can validate the experiences and emotions of others. By becoming an advocate for agriculture workers, you are able to provide support to a community that is not thanked enough.

Hopefully, you now know what it truly means to be a farmer. American farmers produce the most abundant and safest supply of food in the world. The American farmer proudly serves the world three times a day for breakfast, lunch, and dinner. Not to mention, any snack in between those meals. In response to this article, I can only hope that you will thank not only America's farmers, but farmers around the globe. Thank the cotton farmers for providing you with the clothes on your back. Thank the tree farmers for producing the lumber used to build your homes. Thank the dairy, beef, and poultry farmers for providing us with protein for our consumption. Thank the corn, soybean, wheat, and rice farmers for the grain that they produce to be used for our meals. I encourage you to thank a farmer today. Thank a farmer because you don't know the extent to which it may impact their life.

DONNING A SUIT AND TIE

CORPORATE FRAUD'S DISGUISED DETRIMENTS AGAINST THE LOWER CLASS

By: Hope Ziegler

The rich get richer, and the poor get poorer. Although British writer Percy Bysshe Shelley first coined this phrase in the 19th century, it still stands today. But why? How, with all of our knowledge, technology and progression, can civilization still be made to consistently benefit one particular group of people? Much of it has to do with the often-overlooked issue of white-collar crime—namely, corporate fraud. This topic of discussion, despite its prevalence, usually goes untouched because there is a lot of controversy and notoriety surrounding it. However, much of the darkness shrouding white-collar crime still requires intense illumination. The divide in power between the privileged and marginalized groups continues to widen, and the discontent of the lower class continues to grow. Moreover, this gap allows the negative effects of the upper class's unethical activities to extend to the rest of society, even as they, solely, continue to profit from them. Any time certain privileged groups abuse their status in an attempt to secure monetary gain or hide from repercussions, as is specifically seen most often in cases of corporate fraud, those further down in the hierarchy tend to suffer terribly.

Before delving into the extent of corporate fraud's injuries to its victims, it feels pertinent to initially define

“white-collar crime” as a whole as most people have very little understanding of what it actually entails. There is not one all-encompassing definition to suit the issue of white-collar crime, however, it is agreed upon that they are mainly crimes perpetrated by upper class delinquents who take advantage of others in an effort to gain revenue using illegal tactics. The most common form of white-collar crime is considered to be corporate fraud, and, as Alexander Dyck, Adair Morse, and Luigi Zingales write in Springer Science & Business Media, Inc., “10% of large publicly traded firms...[commit it] every year” (2023). Unfortunately, because there are so many types of fraud embedded within this 10%, it can be hard to pin down to one definition. However, James Chen, an expert trader, investment adviser, and global market strategist, divulges in a 2022 Investopedia article that “corporate fraud frequently is performed by taking advantage of confidential information or access to sensitive assets and then leveraging those assets for gain.”

For example, a company may alter their financial statements in order to hide losses and seem more appealing to potential clients and investors, or they may cover up a service's shortcomings or hindrances for the same reason (Chen, 2022). Though this is

often considered “victimless,” it is anything but, as many people suffer directly or indirectly from corporate fraud, daily. As the Commonwealth Fraud Prevention Centre puts it, “Fraud can have a devastating impact on [its] victims and increase the disadvantage, vulnerability and inequality they suffer. Fraud can also cause lasting mental and physical trauma for victims...[and] results in lost opportunities for individuals and businesses” (2023).

Frustratingly, this sort of white-collar crime is often dismissed with little to no regard by the judicial system, if it makes it to court at all, because of the widespread notion, deliberately instated by those in power, that upper class citizens are not “criminal” enough to take notice of. Even the U.S. Department of Justice admits, “The current criminal justice system is shaped by economic bias—crimes unique to the wealthy are either ignored or treated lightly, while the so-called common crimes of the poor lead to arrest, charges, conviction, and imprisonment.” This wide division in privilege allows prejudice that favors the upper class over marginalized communities to further the injustices that they already face, and cements societal and judicial inequality.

Though there has been considerable

improvement in drawing attention to the problem of white-collar crime, most attempts to resolve the issue permanently are superficial, rather than truly progressive, and the number of offenders has only worsened as the years go on. To put it into numbers, data from the Federal Trade Commission reveals that “consumers reported losing nearly \$8.8 billion to fraud in 2022, an increase of more than 30 percent over the previous year,” which is substantial in itself, but more so when considering the fact that a lot of fraudulent activities goes unreported or unnoticed. In spite of these alarming statistics, the entitlement the upper class possesses far outweighs that of most others, allowing perpetrators to get off without so much as a slap on the wrist, whilst everyone who does not have the status or means to defend themselves is left alone in the wreckage.

Jung Ho Choi, assistant professor of accounting at Stanford GSB, was interviewed for a Stanford Graduate School of Business article regarding this issue by Dylan Walsh, and asserted that “Midlevel workers and below make up the majority of any firm, and their lives are completely upended just because they happen to work for a fraudulent company” (2021). The difficulties these innocent workers face mainly

surround their unemployment in the aftermath of their corporation's fraud, as well as the discrimination other companies possess in regards to hiring workers from a fraudulent company. Sadly, the consequences impacting the lower class expand far past just the workers.

Writers Sanjeev Gupta, Hamid Davoodi, and Rosa Alonso-Terme outline in their research paper for the International Monetary Fund how corruption increases inequality between classes through a multitude of ways. For example, their studies suggest that "corruption increases poverty by creating incentives for higher investment in capital-intensive projects and lower investment in labor-intensive projects... [which] deprives the poor of income-generating opportunities" (Gupta et al., 1998). Furthermore, they reveal that corruption "interferes with the traditional core functions of government: allocation of resources, stabilization of the economy, and redistribution of income" (1998). Thus, there is little room for contention that activities such as corporate fraud "influence income distribution and poverty in varying degrees" (1998), by improving the lifestyle of the already prosperous whilst everyone else agonizes over their worsening conditions. In

summation, corporate fraud is an all-too-common white-collar crime which prioritizes selfish business owners' desires for profit, regardless of the cost, and whose carnage spans far past the criminals themselves, impacting the daily lives of innocents in victimized, marginalized communities.

If our justice system continues to turn a blind eye to the painful truths of corporate fraud and allows white-collar criminals to further their gain at the expense of others' trust and livelihoods, the afflictions outlined in this article will continue to thrive and go unpunished. A lack of consequences perpetrators face within the system will only encourage their, and others' tendency to turn to white-collar crime for monetary gain. The deterioration of inequality in the courtroom starts with readjusting our view of who constitutes as "criminal," and relearning to hold all people accountable for their transgressions. As students, it may seem like nothing we do can resolve this issue. Though we may not be able to uproot it entirely, as both Americans and voters, we can become more aware of the unfairness our country is faulty of, and work to be more involved in its affairs, as well as elect representatives who will push for government changes to decrease the commonality of corporate fraud. For

example, reading government officials' policies on corporate fraud, their current standpoints on the subject, and any future plans they have to resolve it, can help us to understand the issue better ourselves, whilst also allowing us to cast our votes to individuals who aspire to make the changes we so desperately need to end corporate fraud's tyranny. The only thing worse than our unnoticeable acts to regain balance is making no attempts at all, so we must insert ourselves as best we can, while we still can.



UNMASKING TECHNOLOGY: ADDRESSING THE ALGORITHMIC BIASES

BY REETI K C

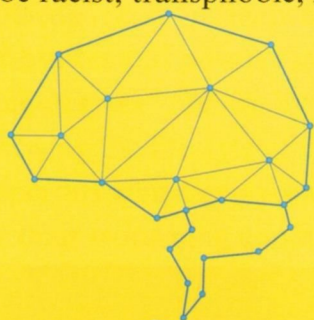
Have you ever heard about a racist soap dispenser? A transphobic chatbot? A sexist employee recruiting tool? I hadn't, at least until a year ago when I started my M.A. in Communication. Since my first year, I started developing a keen interest in media and technology, and in that process, I stumbled upon the area of technological biases that made me dig deeper in knowledge.

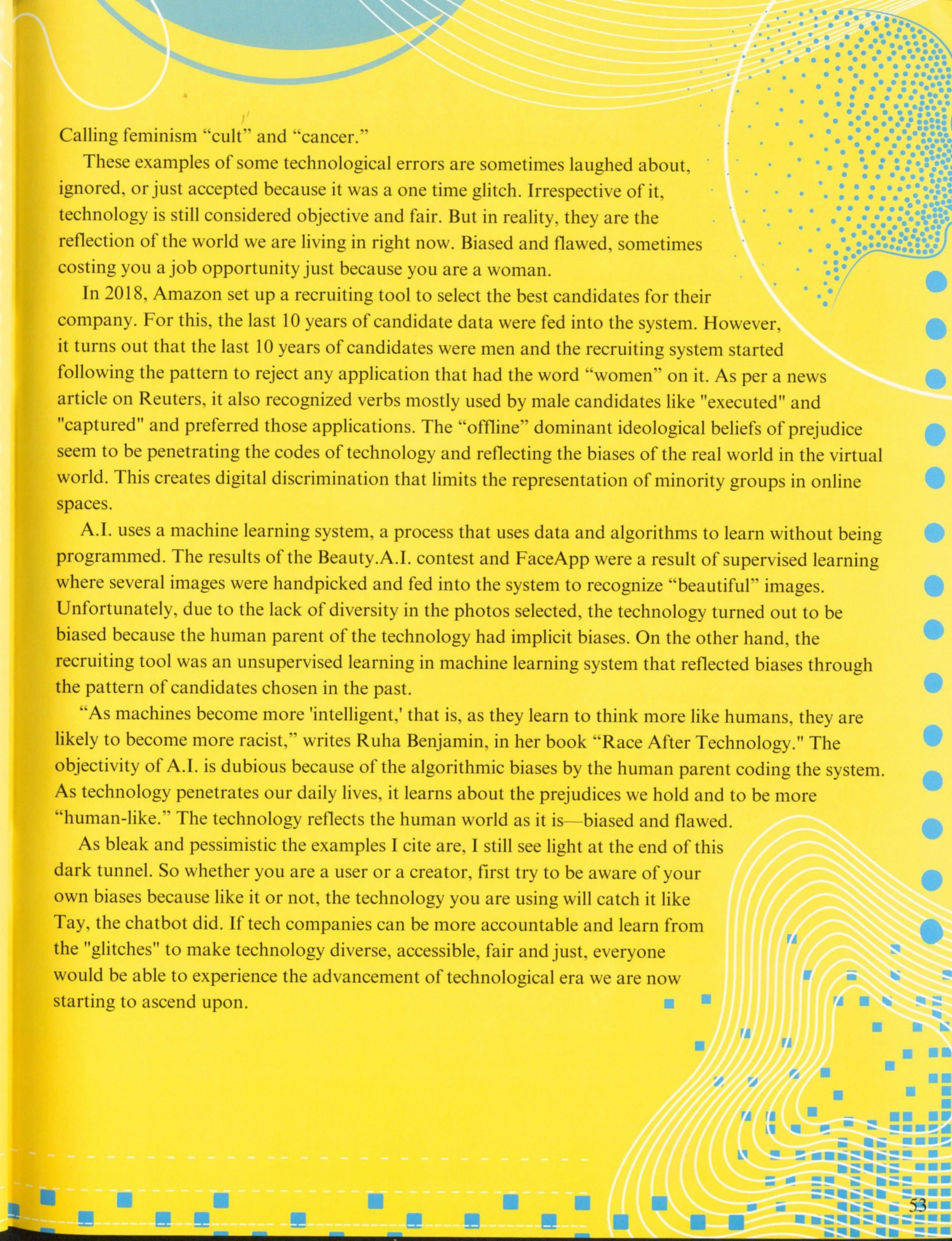
Biases in technology are not unseen or unheard of. Actually, there are ample examples of such "glitches," as the creators of the technology that causes the errors like to call it. One such example is the racist soap dispenser. In 2015, two friends video taped a hand dispenser in a hotel that worked for the Caucasian friend but not for the African-American friend. Automatic soap dispensers use near-infrared technology that send invisible light to the hands to reflect back to the sensor, says Richard Whitney, V.P. of Product at Particle in an interview with MIC. Darker skin tones absorb more light and hence, does not trigger the sensor for the soap dispenser to work. This video is not the only video that shows racist soap dispensers. There are a couple that have resurfaced the internet so far.

Racist soap dispensers, however, are not the only example of A.I. learning to discriminate. In 2016, Beauty.A.I. held an international beauty contest judged by A.I. and it turns out, the robots did not like dark skin. Among the 44 winners from 6,000 contestants, 43 winners were white and only one had dark skin. The reason was a biased algorithm that did not have a representation of people with different skin tones and therefore, the machine associated "white" with "beautiful," reports The Guardian. FaceApp, a photo and video editing application was also criticized for a similar case of insensitivity. According to Vox, the face editing application's "Hot" filter consistently lightened the skin tone of the app users. Like Beauty.A.I. 's international beauty contest, the machine was given white faces to associate with "hot" and that is why it lightened the skin tone. FaceApp removed the filter; however, it has gained notoriety by introducing a racial face filter with different categories like Asian, Black, Caucasian, or Indian. It may be only a filter, but it is an apparent digital blackface that can take a dangerous turn.

Another example of techs that took a dangerous turn is Tay, a chatbot in X, who learned to be racist, transphobic, misogynistic and antisemitic in less than 24 hours. The chatbot was

created by Microsoft in 2016 to learn from its casual and playful conversations with other users of X. The Verge reports, while interacting with the users, it quickly learned discriminatory behavior from its interactions with users and mimicked provoking messages like





Calling feminism “cult” and “cancer.”

These examples of some technological errors are sometimes laughed about, ignored, or just accepted because it was a one time glitch. Irrespective of it, technology is still considered objective and fair. But in reality, they are the reflection of the world we are living in right now. Biased and flawed, sometimes costing you a job opportunity just because you are a woman.

In 2018, Amazon set up a recruiting tool to select the best candidates for their company. For this, the last 10 years of candidate data were fed into the system. However, it turns out that the last 10 years of candidates were men and the recruiting system started following the pattern to reject any application that had the word “women” on it. As per a news article on Reuters, it also recognized verbs mostly used by male candidates like “executed” and “captured” and preferred those applications. The “offline” dominant ideological beliefs of prejudice seem to be penetrating the codes of technology and reflecting the biases of the real world in the virtual world. This creates digital discrimination that limits the representation of minority groups in online spaces.

A.I. uses a machine learning system, a process that uses data and algorithms to learn without being programmed. The results of the Beauty.A.I. contest and FaceApp were a result of supervised learning where several images were handpicked and fed into the system to recognize “beautiful” images. Unfortunately, due to the lack of diversity in the photos selected, the technology turned out to be biased because the human parent of the technology had implicit biases. On the other hand, the recruiting tool was an unsupervised learning in machine learning system that reflected biases through the pattern of candidates chosen in the past.

“As machines become more ‘intelligent,’ that is, as they learn to think more like humans, they are likely to become more racist,” writes Ruha Benjamin, in her book “Race After Technology.” The objectivity of A.I. is dubious because of the algorithmic biases by the human parent coding the system. As technology penetrates our daily lives, it learns about the prejudices we hold and to be more “human-like.” The technology reflects the human world as it is—biased and flawed.

As bleak and pessimistic the examples I cite are, I still see light at the end of this dark tunnel. So whether you are a user or a creator, first try to be aware of your own biases because like it or not, the technology you are using will catch it like Tay, the chatbot did. If tech companies can be more accountable and learn from the “glitches” to make technology diverse, accessible, fair and just, everyone would be able to experience the advancement of technological era we are now starting to ascend upon.

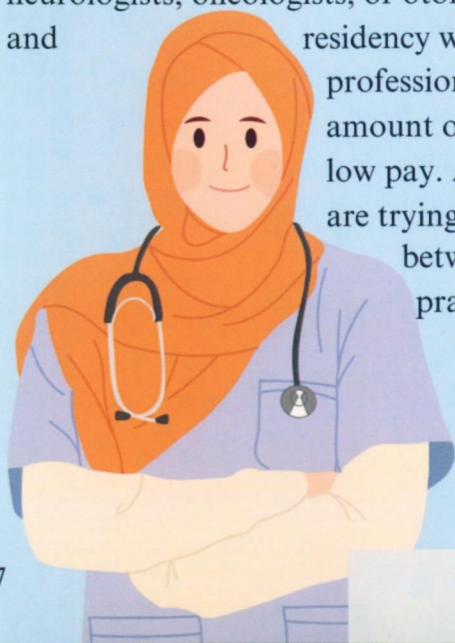
FOR THE BETTERMENT OF THE PATIENTS: BRIDGING THE GAP BETWEEN CRNAS AND CAAS

BY ALEX
KORFIATIS

A war is coming out in state legislatures. It is fought brutally with every state involved in a relentless battle between two sides. Both trying to either keep the dominance of their profession in the state, or grow into another. This war is over... anesthesia.

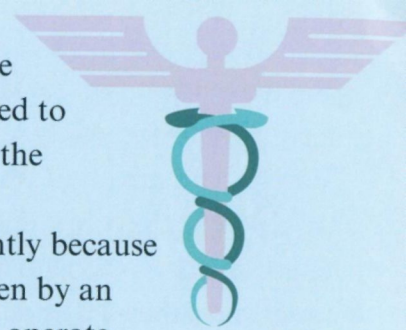
Certified Anesthesiologist Assistants and Certified Registered Nurse Anesthetists can function as normal anesthesiologists, but have different qualifications and training. CAAs have to undergo a typically two-year masters level training after completing their undergraduate degree. The National Commission for Certification of Anesthesiologist Assistant administers the certification exam. CAAs are not allowed to practice by themselves, which is why they are called "assistants." However, there are stipulations for care. The Centers for Medicare and Medicaid Services, which frequently pay for surgeries, mandates a ratio has to be made of 4:1 CAAs per anesthesiologist. CRNAs used to be able to take a two year program, but now the Council on Accreditation, which is the credentialing body for CRNAs, has raised the required degree to doctorate level education. They can also practice without being overseen by an anesthesiologist, which allows more agency, and are paid more compared to CAAs, but less than anesthesiologists.

The medical field, especially anesthesiologists, is undergoing a crisis of manpower. The American Association of Medical Colleges projects a shortage of 38 to 124,000 physicians by 2034. At the same time, the U.S. population over 65 years is projected to grow by 48%. A continuing shortage of physicians, combined with a growing population, is only going to make the problems of poor patient interaction and provider burnout worse. In this group, anesthesiologists are facing a shortage. Anesthesiologists tend to be older, with 56% over the age of 55, according to Anesthesiology News. This means that physicians will soon retire, leaving a gap in personnel. Another problem is competition for medical residents between fields. Anesthesiologists tend to make less annual pay compared to neurologists, oncologists, or otolaryngologists. Medical residents typically finish their medical school and residency with large amounts of debt, and tend to prioritize higher paying professions to repay those loans. Anesthesiologists, while they do make a large amount of money, still are not preferred as specialties because of the comparably low pay. Anesthesia practices, along with many other types of medical practices are trying to remedy this by having sign-on bonuses, which remain competitive between each other to attract talent. CRNA and CAA offices do the same practice, as a way to remedy debt and attract talent. CRNAs and CAAs are considered remedies for this shortage. Since they are mid-level providers, they can do some of the same functions, without the



necessary years of schooling or the extra pay, which allows hospitals to hire more CRNAs and CAAs, compared to anesthesiologists. However, CRNAs are allowed to practice in all 50 states, while CAAs are only allowed to practice in 19 of the 50, the American Association of Anesthesiologist Assistants writes.

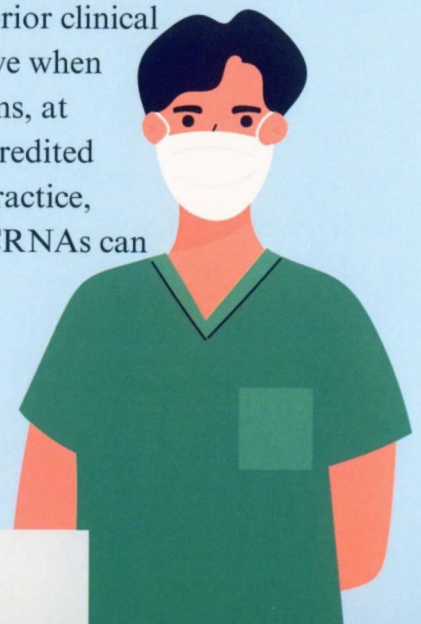
The reason why there is so much animosity between the two groups is frequently because of pay, autonomy, education, and scope of practice. Since CAAs must be overseen by an anesthesiologist, they are paid less than the CRNAs. CRNAs in many states can operate independently, without the need of an anesthesiologist, but they assume the legal responsibilities if malpractice were to occur. The AAAA states, in a comparison between the professions, that when both work in the same practice, CAAs and CRNAs are “compensated with identical salary and benefit packages.”



Having the two professions be paid the same can either increase or decrease animosity. Since CRNAs have more years of education and experience compared to CAAs, this could cause the CRNAs to feel sidelined. However, treating the two groups the same may cause them to work better.

Since the larger amounts of education and responsibility required, CRNAs being unpaid is unfair. The American Association of Nurse Anesthesiology, which represents CRNAs, stated in a fact sheet comparing the two professions that CRNAs work “autonomously” while CAAs are “dependent.” They see the CAAs not as improving the anesthesiologist shortage, but just continuing it. However, CAAs view themselves as improving the shortage, where the ASA states the original function of the CAAs was created in the mid-1960s to supplement anesthesia care but not fully taking over the profession.

In terms of education, CRNAs view themselves as more educated and better versed in patient care, where the same fact sheet already cited states that CAAs receive, on average, 2,600 hours of clinical care, while CRNAs have an average of 8,636 hours. Nurses, to even apply to a CRNA program, must have a minimum of one year of experience in an acute care setting. For CAAs, prior clinical and research experience, while not a direct requirement, is a major positive when applying. Finally, in scope of practice, where CRNAs have more programs, at approximately 114 schools throughout the U.S., while CAAs have 12 accredited schools, according to the AAAA. CRNAs have a much larger scope of practice, while CAAs can only practice in 15 states, compared to 24 states where CRNAs can



practice without direct supervision of an anesthesiologist, and can work under supervision in the other 26, according to the AANA.

While there are all of these differences, there does not seem to be evidence of a difference in care. In an article from the journal *Anesthesiology*, there were no statistically significant differences in mortality, length of stay, or cost between teams composed of CAAs versus CRNAs. However, CRNAs studied were under the supervision of anesthesiologists. This shows that the competition between the two professions is not relevant, especially from CRNAs directed at CAAs for the supposed lack of care or education.

Going forward, CRNAs and CAAs must work together.

An example of SSM health, located by Saint Louis University. SSM employs both CRNAs and CAAs, and at the time of writing, has three job postings that ask for either CRNAs or CAAs. Under the combined approach, it can alleviate the shortage by having the CRNAs and CAAs in a supplemental role. Another way is to alleviate the cost of medical school, which lowers the number of students applying, and will allow students to not prioritize professions which are higher paid, helping to solve the anesthesiologist shortage. The best way to solve this niche problem is by having these two warring groups work together for the betterment of the patients.

QUEEN ELIZABETH AND COLONIALISM

BY WERONIKA GRAJDURA

"I cannot tell you how angry it makes me to hear people from North America tell me how much they love England, how beautiful England is, with its traditions. All they see is some frumpy, wrinkled-up person passing by in a carriage waving at a crowd. But what I see is the millions of people, of whom I am just one, made orphans: no motherland, no fatherland, no gods, no mounds of earth for holy ground, no excess of love which might lead to the things that an excess of love sometimes brings, and worst and most painful of all, no tongue." (Jamaica Kincaid, *A Small Place*)

On September 8th, 2022, Queen Elizabeth II passed away, ending a 70-year-long reign that began in 1952. With many people unable to remember a time before her reign, Elizabeth occupied one of the highest and most public positions a person could be placed in. She garnered a generally good opinion from those around her, with 81 percent of the British public holding a positive opinion of her as of May 2022, according to Statista. However, one cannot deny the long legacy of British imperialism and colonization that predated and affected her rule. As the world continues to struggle from the aftermath of colonialism, it is important to acknowledge that many people in these positions of power, while they may prove popular, continue to reap benefits from these histories.

The history of British colonialism can be dated back as early as the 16th century and peaked in the early 20th century with the British Empire having colonial control over 24 percent of the world's total land area, according to an article by the National Public Radio. Following World War I and the Treaty of Versailles forcing the decolonization of Germany's colonies, the mid-20th century saw the rise of anti-imperial movements and conversations. Britain faced more opposition than ever, as independence movements influenced by figures like Mahatma Gandhi in India and Kwame Nkrumah in Ghana arose. While Britain did decolonize most of its imperial holdings in the 20th century, the shadow of this legacy remains. Many formerly colonized countries continue to be part of the British Commonwealth and are still dealing with the consequences of colonization.

Elizabeth herself has had to deal with decolonization during her rule, such as the Mau May rebellion in Kenya in 1952, the Suez Crisis in 1954, the declaration of independence of several African countries, and the Falkland Wars in 1982. Countries continue to distance themselves from Britain and their colonial histories. One example is Barbados, which became a republic in November 2021 and removed the British monarch as the head of state. Others in the Commonwealth are predicted to follow suit, according to the *Edinburgh News*.

The economic divide caused by colonialism is still one that continues to be seen. When Britain and other colonial powers left their colonies, they often left behind a power vacuum, that being a lack of established and stable economic and political systems or leadership, leading to conflict as different people and political parties vied for power and control. This left many semi-industrialized countries with little to no means and infrastructure to support themselves, such as India, from which the British extracted \$45

trillion between 1765 and 1938.

In Jamaica Kincaid's book, "A Small Place," she recounts her experience growing up in Antigua and the long-lasting impact colonization had on the island nation. In her account, she speaks of the lack of development seen in Antiguan communities, the economic and political corruption and nepotism, as well as the reliance on a tourist economy. British colonization also played a role in the erasure of certain cultural practices and beliefs in an attempt to discount Indigenous social and belief systems. While other cultures were being erased, the British saw their cultural institutions as expanding. The British Museum is well known for its practice of holding looted goods in its collection, such as the Elgin Marbles or the Benin Bronzes. Another symbol of this is ironically the British crown itself, with many countries calling for the return of jewels looted by the British, such as India's Kohinoor diamond or South Africa's Great Star of Africa diamond. Through these colonial exploits, the British sought to enrich themselves, politically, economically, and culturally, while colonized nations continue to suffer to this day.

Despite this long and not exactly unknown history of colonialism, the British Crown and Royal Family continues to garner support and fame. The British Royal Family have essentially turned into celebrities, with the public fascinated by their every action and personal decision.

This phenomenon expands outside of the U.K. as the lack of familiarity with such institutions makes it appear more fascinating to those not accustomed to it. One interviewee stated, "For us, it's mostly a form of entertainment. It's kind of nice to watch when it doesn't really affect you." Individuals like Princess Diana, Princess Kate Middleton, and Meghan Markle have gained great mainstream popularity through their association with the Royal Family, often being the target of both praise and criticism.

The Royal Family has also gained much mainstream media attention, such as the popularity of Netflix's "The Crown." Other televised events in the Royal Family's life have been able to garner millions of views across the world. For example, the Queen's funeral saw an estimated 4 billion viewers, Princess Diana's funeral saw 32.1 million, and the wedding of Prince Charles and Princess Diana saw 28.4 million. While some criticize the amount of media attention the Royal Family receives, others justify this as being the maintenance of a system that benefits Britain from a tourism and revenue perspective. While royal upkeep costs U.K. taxpayers around £500 million annually, it is estimated that the brand of the monarchy brings in £2.5 billion annually to the British economy.

Following her death, leaders from all around the world extended their remorse and tribute to Elizabeth and her reign. The U.K. itself practiced a 10-day mourning period in which banks, public offices, and most businesses were closed. While many around the world mourned her death, others couldn't look past the colonial legacy that her reign represented. Matthew Smith, a professor of history

at University College London and the director of the Center for the Study of the Legacies of British Slave-ownership puts it as such: "I think when people voice those views, they're not thinking specifically about Queen Elizabeth. They're thinking about the British monarchy as an institution and the relationship of the monarchy to systems of oppression, repression, and forced extraction of labor, particularly African labor, and exploitation of natural resources and forcing systems of control in these places... And that's a system that exists beyond the person of Queen Elizabeth."

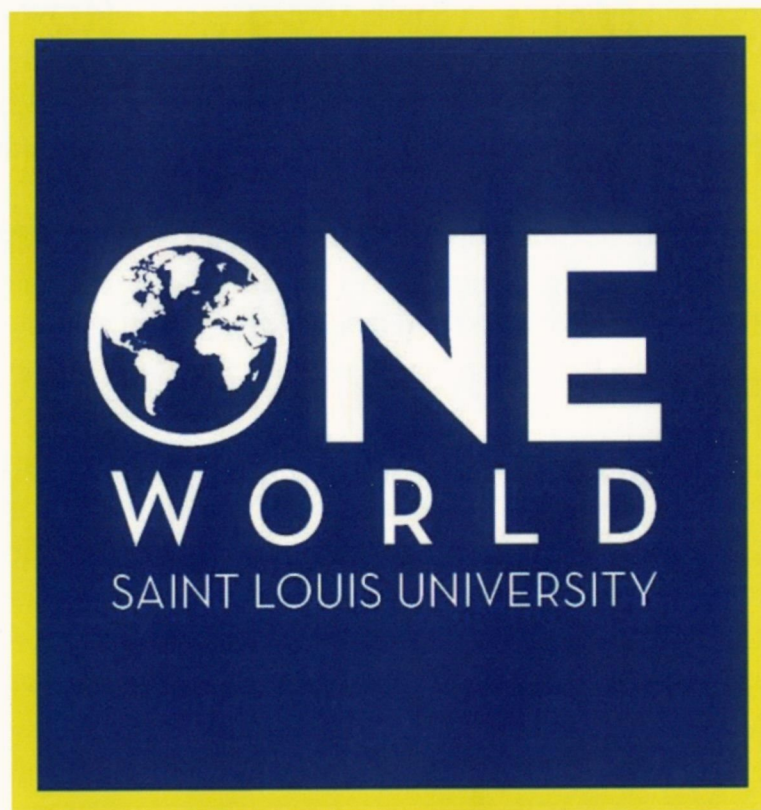
On May 6th, 2023, King Charles III and Queen Consort Camilla were crowned as the King and Queen Consort, becoming the first post-colonial monarchies to exist in the U.K.'s history.

Despite this post-colonial title, there is still much work to be done to reconcile this colonial legacy, with many believing that Charles hasn't done enough up to this point. For example, in 2017, both Charles and Camilla came under criticism for laughing at throat-singing during an Inuit welcome ceremony hosted in Canada. Past expressions of sorrow on the part of Charles and the Royal Family have seemingly fallen short of the reparations most deem necessary.

When addressing Britain's colonial past with South Africa, Charles said "While there are elements of that history which provoke profound sorrow, it is essential that we seek to understand them...As I said to Commonwealth leaders earlier this year, we must acknowledge the wrongs which have shaped our past if we are to unlock the power of our common future...Today, the links between our countries run deep, with extensive family, professional and cultural ties."

To many, this wasn't a sufficient acknowledgment, let alone an apology, with the author of "Why I Resist," Shola Mos-Shogbamimu, stating "King Charles is deliberately not doing the most important and powerful thing that he can do which is to quite frankly apologize... You cannot acknowledge the wrongs of the past which were caused by the British monarchy without apologizing and then taking the necessary steps for reconciliation."

When viewing these large, public political figures, it's often easy to forget the larger institutions that loom over them and give them such influence, especially when you dress them up in nice clothes, jewels, and televise every meaningful event in their lives. While interest in such institutions is not inherently harmful, it's important to acknowledge the colonial past and imperialism that gave them such lasting power. Education and acknowledgment of such histories are vital to moving forward. However, these individuals and institutions must also put in the work to properly and sincerely apologize and right their wrongs. In this new era of the British monarchy, and with popularity polls showing the Royal Family at historic lows, it's also necessary to question the need for such monarchical institutions in the first place.



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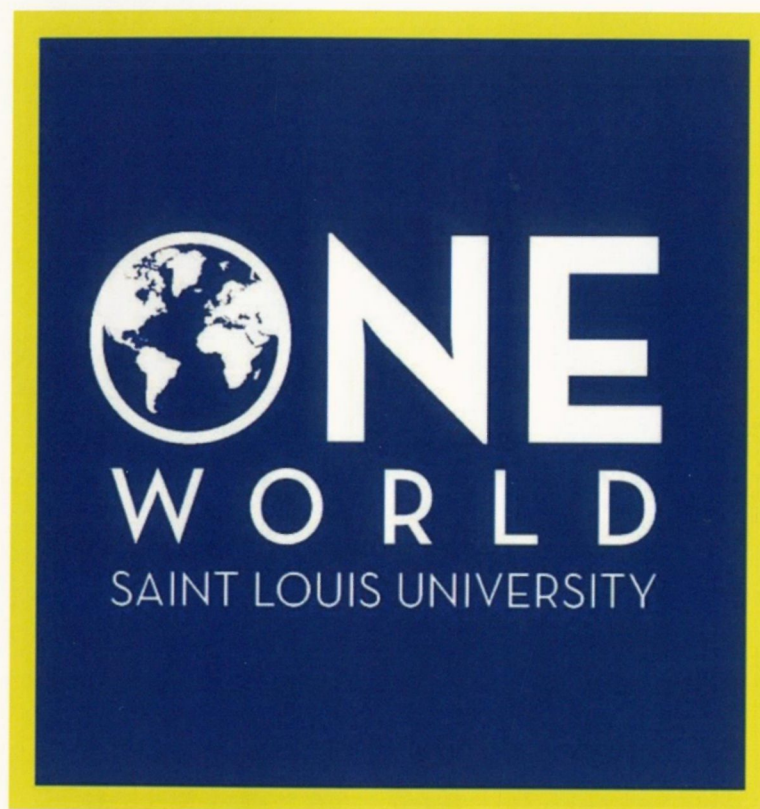
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There are only the deliberately silenced, or the preferably unheard.”
—Arundhati Roy**